



SUNY New Paltz Foundation Inc. Business Office, 1 Hawk Drive, New Paltz, NY 12561-2443
Phone: 845-257-3964 Fax: 845-257-4412

CHECK REQUEST
See Instructions on Last Page

Return To: SUNY New Paltz Foundation Business Office, Haggerty 510

FOUNDATION USE ONLY
DATE RECEIVED _____
VENDOR# _____
DUE DATE _____
CHECK# _____
CHECK DATE _____

REQUEST TYPE

- Invoice Payment - Invoice Number: _____ [one invoice per form]
- Reimbursement
- Order Completion/Payment Authorization: Close PO# _____
- Direct Payment to Individuals for Services Rendered

MAKE CHECK PAYABLE TO

Vendor/Contractor Name _____

REMITTANCE ADDRESS

Street _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____

DELIVERY INSTRUCTIONS

- Mail to Vendor/Contractor
- Call Requestor for Pickup
- Send to Requestor Via Interoffice Mail

ACCOUNT INFORMATION

BUSINESS PURPOSE ATTACH ADDITIONAL SHEETS IF NECESSARY	ACCOUNT #	AMOUNT	CODE	APPEAL/ SOLICITATION

SUBTOTAL FROM ADDITIONAL SHEET:

TOTAL:

REQUESTOR INFORMATION

Name: _____ Date: _____
Title: _____ Phone: _____
Department: _____ Campus Address: _____

CERTIFICATION

I hereby certify that all of the information provided on this form is true and correct to the best of my knowledge. I further certify that payment/reimbursement for this expense will not be sought from any other source.

Requestor Signature: _____ Date: _____

AUTHORIZATION

Signature: _____ Date: _____

Print Name: _____

(Must be an authorized signer on account. Requestor cannot authorize their own reimbursement.)

CHECK REQUEST FORM INSTRUCTIONS

Attach original invoice, receipts and other documentation that substantiates the payment. US Mail is the default delivery method. Clearly identify any enclosures that you would like sent with the check. All accounts must have sufficient funds to cover the payment. Failure to complete all parts of the check request and/or to attach all required documentation will delay payment.

REQUEST TYPE:

INVOICE PAYMENT

TO PAY A VENDOR FOR GOODS/SERVICES ALREADY RECEIVED. Attach original invoice plus one copy.
One invoice per check request form.

ORDER COMPLETION/PAYMENT AUTHORIZATION

TO CLOSE A PURCHASE ORDER AFTER PAYMENT AUTHORIZATION GOODS/SERVICES ARE RECEIVED
Attach original invoice and packing slip, if any, plus one copy of each.

REIMBURSEMENT

TO REIMBURSE FOR FOUNDATION-RELATED EXPENDITURES. Original receipts must be attached. List home address, not campus address, under vendor information.

DIRECT PAYMENT TO INDIVIDUALS FOR SERVICES RENDERED

A SUNY New Paltz Foundation personal/professional services agreement form and a W-9 must be submitted to HAB 510 prior to work commencing. All independent contractors must have a SSN/ITIN in order to receive payment.

PAYEE INFORMATION:

Enter payee name and remittance address exactly as it is to appear on the check. For payments to individuals, a permanent home address is required.

ACCOUNT INFORMATION:

BUSINESS PURPOSE

LIST THE FOUNDATION-RELATED BUSINESS PURPOSE FOR THE EXPENDITURE. If payment is for a reception, dinner, lunch or meeting, list attendees and date of function. Attach an invitation or other announcement of event.

ACCOUNT #

THE SUNY NEW PALTZ FOUNDATION FUND TO BE CHARGED.

CODE & APPEAL

FOR BUSINESS OFFICE USE.

REQUESTOR INFORMATION:

CONTACT INFORMATION FOR INDIVIDUAL MAKING THE CHECK REQUEST.

CERTIFICATION:

Signature of requestor.

AUTHORIZATION:

SIGNATURE OF AN AUTHORIZED ACCOUNT SIGNER. Requestors cannot authorize their own reimbursements. These must be authorized by another account signer or Dean/Vice President.