



REQUEST FOR PAYMENT

Check Request Date: _____ Payment Type: Check ACH/Direct Deposit

Person Requesting Payment: _____ School/Dept. Name: _____

Dept. Address or Campus Box #: _____

Person Preparing the Form: _____ Telephone #: _____

Payment Amount Requested: \$ _____

Check Payable To: _____

Fund/Account Number (s): _____

VCAF Tracking (Act 710): To or on behalf of a public employee: Amount exceeds \$1,000.00:

* If both boxes apply, this form requires VCAF tracking and initials: _____

Reason & Purpose of Expense: _____

Event Date (s) & Location: _____

Person's Present (If applicable): _____

Delivery Method (If paper check): Foundation Pick Up: Campus Mail: Direct Mail:

•You are required to attach supporting documentation as outlined in the spending policies for this account, including but not limited to, original bills or invoices, receipts, list of attendees, agreements, etc. •

• Receipts should be within a 90 day limit. •

APPROVALS:

As account Custodian /Department Head/ Director, my signature certifies that this expenditure adheres to the fund scope and donor intent of this Foundation account and does not supplant State funding.

Fund Custodian:	(Type) Custodian Name	Custodian's Signature	Date
Dept. Head / Director:	(Type) Dept. Head/ Director	Dept. Head /Director's Signature	Date
Dean or Designee:	(Type) Dean/Designee Name	Dean/Designee's Signature	Date
Vice President and Chief Financial Officer (CFO):	Timothy Hemphill, CPA Vice President & CFO	Vice President & CFO's Signature	Date
President and Chief Executive Officer (CEO) (if required):	Matthew Altier President & CEO	President & CEO's Signature	Date
Authorized Board Member	Board Member	Board Member's Signature	Date

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