



REQUEST FOR PAYMENT

Check Request Date: _____	Payment Type: <input type="checkbox"/> Check	<input type="checkbox"/> ACH/Direct Deposit
Person Requesting Payment: _____	School/Dept: _____	
Dept. Address or Campus Box #: _____		
Person Preparing the Form: _____	Email: _____	
Payment Amount Requested: \$ _____	Phone: _____	
Check Payable To: _____		
Fund 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: _____		
Persons Present (If applicable): _____		
Delivery Method (If paper check):	<input type="checkbox"/> Foundation Pick Up:	<input type="checkbox"/> Campus Mail: <input type="checkbox"/> Direct Mail:

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

• Receipts should be within a 60 day limit. •

APPROVALS:

As Fund Custodian /Department Head/ Director, my signature certifies that this expenditure adheres to the fund scope and donor intent of this Foundation Fund 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
Chancellor or LSU President (if required):	(Type) Chancellor/LSU President	Chancellor/LSU President Signature	Date
Vice President & Chief Financial Officer (CFO):	Lee Trumble, CPA Vice President & CFO	Vice President & CFO's Signature	Date
President & Chief Executive Officer (CEO) (if required):	President & CEO	President & CEO's Signature	Date
Authorized Board Member (if required):	Board Member	Board Member's Signature	Date

LSU Health Foundation, New Orleans
 2000 Tulane Avenue, 4th Floor, New Orleans, LA 70112
 504-568-3712 (phone) • 504-568-3460 (fax)
 Info@lsuhealthfoundation.org
 www.lsuhealthfoundation.org