



University of Louisiana Monroe Foundation  
Laird Weems Center, 4400 Bon Aire Drive  
Monroe, LA 71203  
(318) 342-3636

## CHECK REQUEST FORM

DATE OF REQUEST:  INVOICE DATE:

AMOUNT OF CHECK: (no commas - ex: enter \$1,234.56 as 1234.56) \$

MAKE CHECK PAYABLE TO: ☐ ULM Employee ☐ ULM Student ☐ Other

NAME:

SSN or FIN:  Number required on first request - enter dashes as needed

ADDRESS:

CITY:  STATE  ZIP:

☐ **REQUIRED ATTESTATION FOR ULM EMPLOYEE/STUDENT:** I CERTIFY THAT THIS EXPENSE IS JUST AND TRUE IN ALL RESPECTS; THAT THE EXPENSES CHARGED WERE INCURRED ON OFFICIAL UNIVERSITY OF LOUISIANA AT MONROE BUSINESS AND/OR FOR THE PURPOSES INTENDED BY THE DONOR AGREEMENT HELD BY THE ULM FOUNDATION AND NONE OF THE EXPENSES HAVE BEEN PAID BY UNIVERSITY OF LOUISIANA AT MONROE.

SIGNATURE OF ULM EMPLOYEE / STUDENT

**AMOUNT**

CHARGE FOUNDATION IN/OUT ACCOUNT#	<input type="text"/>	\$	<input type="text"/>
(no commas - ex: enter \$1,234.56 as 1234.56)	<input type="text"/>	\$	<input type="text"/>
	<input type="text"/>	\$	<input type="text"/>
INVOICE NUMBER(S):	<input type="text"/>	\$	<input type="text"/>

PURPOSE OR DESCRIPTION:

- ☐ REIMBURSEMENT - RECEIPTS ATTACHED ☐ PAID --CHECK# \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ CALL WHEN CHECK IS READY ☐ SEND CAMPUS MAIL \_\_\_\_\_ (Date)
- (Name & Phone Number)
- ☐ INVOICE ATTACHED
- ☐ SEND DIRECTLY TO PAYEE

REQUESTING AGENT

APPROVING AGENT

### (Foundation's Office Use Only)

Vendor #

Date A/P Keyed

PICKED UP BY

DATE