

**University of Memphis Foundation, Inc.
Expenditure Request**

Name of Fund _____ Fund # _____

Amount Requested \$ _____ *(Please Attach Original Receipt/Invoices)*

Payee (as it should appear on check)* _____

Student Employee/GA Faculty/Staff Non-Employee

Individual UID# _____
(SSN is required if service performed or awards)

Organization Tax ID (Required) _____

Address: _____

To Pay Expenses for: _____

Benefit to University: _____

Individuals Involved: _____

Date of Activity: _____ Location : _____

Comments: _____

Mailing Instructions – check one

Direct Deposit

Pick Up Pick up by: _____ Ext: _____

Campus Mail To: _____

Mail Direct To: _____

Preparer (Name/Title/Phone/Email) : _____

Signature of Payee/Claimant: _____

Signature of Approver: _____ **Date** _____ **Name/Title:** _____

Second Approval: _____ **Date** _____ **Name/Title:** _____
(If required)

Approval signature certifies that the expense has been reviewed and complies with the justification noted in the "Benefit to University" section above.

IMPORTANT NOTE: The Foundation prints checks on Tuesdays and Thursdays and the normal turn-around time for an expenditure request is 7-10 business days after receipt by the Foundation. If you have any questions, please contact Chang Choi (cchoi@memphis.edu or 901-678-4334) or Carolyn Stanley(cstanley@memphis.edu or 901-678-3730).

Forward to:
The University of Memphis Foundation
635 Normal
108 Alumni Center
Memphis, TN 38152-3750

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