GORDON STATE COLLEGE FOUNDATION, INC.

Payment Request

TODAY'S DATE _____

PAYABLE TO _____

PAYEE ADDRESS _____

_____

INVOICE DATE _____ INVOICE #_____

AMOUNT* _____

DESCRIPTION OF EXPENDITURE:

- *Amounts over $5,000 require 2 approvals.
- Attach invoice(s) and/or receipt(s)
- Payment for meals must include guest or group name
- Return the completed form to the Advancement Office or **advancement@gordonstate.edu**

I request payment of the above expenditure incurred while conducting official business on behalf of Gordon State College and/or the Gordon State College Foundation:

Requestor Signature: _____ Date_____

Fund Manager Signature: _____ Date_____

FOUNDATION USE ONLY

EXECUTIVE DIRECTOR APPROVAL: _____

BOARD OF TRUSTEES APPROVAL*: _____
(Chair, Vice Chair, Treasurer, or Secretary) **TWO SIGNAUTRES REQUIRED FOR AMOUNTS OVER $5,000*

GL DISTRIBUTION:

Fund Type	*Account #*	*Disc #*	*Description*	*Amount $*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FUND (000): _____

BUDGET:

- ☐ Office Expenses (001)
- ☐ Meetings & Events (001)
- ☐ Fundraising Expenses (001)
- ☐ Memorial, Tributes, & Contributions (001)
- ☐ Accounting & Fiscal Expenses (001)
- ☐ Software (001)
- ☐ Alumni Development (001)
- ☐ F/S Travel Support (001)
- ☐ Employee Recognition (001)
- ☐ President (601)
- ☐ Academic Affairs (301)
- ☐ Advancement (501)
- ☐ Enrollment Mgmt & Mkt (401)
- ☐ Finance & Admin (201)
- ☐ Student Affairs (401)