

Arkansas Tech University Foundation

Requisition on Foundation Account

Administration Building 209 * Phone 479-968-0414 * E-mail: lrharris@atu.edu

For project balance inquiries * Phone 479-964-0895 * E-mail rburris1@atu.edu

Date: _____ Date Wanted: _____

Payee: _____

Address: _____

City, State Zip: _____

Project Name: _____

Return Check to Department

Return to: _____

Order Merchandise (complete information below)

Provide Item #, Quantity and Unit Price Below

Ship to: Arkansas Tech University

Address: _____

Bldg: _____ Room#: _____

City, State Zip: _____

Attention: _____

Foundation Office Use Only

Account #: _____

Department: _____

Expense Category: _____

Invoice #: _____

Invoice Date: _____

PO #: _____

1099 Vender: Box _____ W-9

Post Date: _____

Split Assignment

Activity: _____

Purpose: What, Where, When & How does it pertain to the project you are requesting payment from and/or Order Description	Order Item #	Order Qty.	Order Unit Price	Amount
			Total:	

Approved _____
Signature of Department Head or Requestor

Signature of Dean/Vice President/President

Executive Vice President of the Foundation/Foundation signor