



# UNIVERSITY OF TOLEDO FOUNDATION CHECK REQUEST

To: **UT FOUNDATION**  
2801 W. Bancroft St., Mail Stop #319

Telephone: 419-530-7730  
Fax: 419-530-2895

Date \_\_\_\_\_

PAYEE: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**BUSINESS PURPOSE:**  
(Include date, location, description, business purpose, and relationship of individuals to UT,  
Attach memo if additional space needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach original receipts/invoices only. Statements not accepted. If original documentation not available, please attach memo.

### CONTACT/ORIGINATOR OF CHECK REQUEST ORDER:

NAME Dawn Durivage EXT. 383-6058 MAIL STOP# 1045

MAIL CHECK DIRECTLY TO PAYEE

RETURN CHECK TO: \_\_\_\_\_ EXT \_\_\_\_\_ Mail Stop # \_\_\_\_\_

### APPROVAL FOR PAYMENT:(Requires (2) signatures)

\_\_\_\_\_  
FUND ADMINISTRATOR 1 (Signature) DATE \_\_\_\_\_ Dawn Durivage  
\_\_\_\_\_  
FUND ADMINISTRATOR 2 (Signatures) DATE \_\_\_\_\_ Yvette Perry, Ph.D.

\_\_\_\_\_  
FUND ADMINISTRATOR 1 (Please Print) \_\_\_\_\_ FUND ADMINISTRATOR 2 (Please Print) \_\_\_\_\_

FUND NAME \_\_\_\_\_ FUND NUMBER \_\_\_\_\_

**IF PROFESSIONAL OR TEMPORARY SERVICES WERE PAID TO AN INDIVIDUAL, THE INDIVIDUAL NEEDS TO COMPLETE AN IRS FORM W-9 AND SUBMIT WITH THIS FORM.**

### FOUNDATION USE ONLY

\_\_\_\_\_  
UTF ACCOUNTANT  1099 ACCOUNT # \_\_\_\_\_

ATTRIBUTE # \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_ BALANCE \_\_\_\_\_

FOUNDATION APPROVAL