LSU Health FOUNDATION NEW ORLEANS

# REQUEST FOR PAYMENT

**Check Request Date:** _____ **Payment Type:** Check ☐ ACH/Direct Deposit ☐

**Person Requesting Payment:** _____ **School/Dept:** _____

**Dept. Address or Campus Box #:** _____

**Person Preparing the Form:** _____ **Email:** _____

**Payment Amount Requested:** $ _____ **Phone:** _____

**Check Payable To:** _____

**Fund Number(s):** _____

**VCAF Tracking (Act 710):** To **or** on behalf of a public employee: ☐ Amount exceeds $1,000.00: ☐

* If both boxes apply, this form requires VCAF tracking and initials: _____

**Justification of Expense in Relationship to Fund's Purpose:** _____

_____

**Event Date(s) & Location:** _____

**Persons Present (If applicable):** _____

**Delivery Method (If paper check):** Foundation Pick Up: ☐ Campus Mail: ☐ Direct Mail: ☐

•You are required to attach supporting documentation as outlined in the spending policies for this Fund, including but not limited to, original bills or invoices, itemized receipts, list of attendees, agreements, etc.•

**• Receipts should be within a 60 day limit. •**

## APPROVALS:

As Fund Custodian /Department Head/ Director, my signature certifies that this expenditure adheres to the fund scope and donor intent of this Foundation Fund and does not supplant State funding.

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|---|---|---|---|
| **Fund Custodian:** | (Type) Custodian Name | Custodian's Signature | Date |
| **Dept. Head / Director:** | (Type) Dept. Head/ Director | Dept. Head /Director's Signature | Date |
| **Dean or Designee:** | (Type) Dean/Designee Name | Dean/Designee's Signature | Date |
| **Chancellor or LSU President (if required):** | (Type) Chancellor/LSU President | Chancellor/LSU President Signature | Date |
| **Chief Financial Officer (CFO):** | COO | COO's Signature | Date |
| **President and Chief Executive Officer (CEO) (if required):** | Katie Acuff, Esq. President & CEO | President & CEO's Signature | Date |
| **Authorized Board Member (if required):** | Board Member | Board Member's Signature | Date |

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