

# University Emergency Medicine Foundation Check Request

Date of Request	
Date Check Needed	
Payable to:	
Address:	
Tax Id #	

*Please submit **original** bills for all expenses*

Description	Amount
Total	

**Delivery Instructions:**

- Mail Check to Vendor
- Hand Deliver Check To \_\_\_\_\_
- Hold Check for Pickup

Requestor Signature: \_\_\_\_\_

<i>Office Use Only</i>		
	Acct #	Amount
FY		
Acct #		
Split Acct		

Notes:

*Please use this form for all foundation expenses not related to  
Professional Allowances or Flexible Benefits*

*Please complete all pertinent information and be sure to sign the form before submission*

Questions: Call : Michelle Costa 519-1601