

THE BROOKLYN COLLEGE FOUNDATION, INC.
PAYMENT REQUEST

PLEASE NOTE: All information must be provided or this form will be returned and your check will be delayed. **Please allow two weeks for check processing.**

Aside from reimbursements, this form may not be used to pay BC employees.

By default, all checks are mailed out to the payee at the address listed below.

To have this check held for pick up in 1146 Boylan (FBSC) please check this box:

By checking this box you will be contacted at the phone # below when your check is ready.

Date: _____

Account Name: _____

Account Number: _____

Name of Department Requesting Funds: _____

Name of Staff Member Requesting Funds: _____

Check Payable to: _____

Address: _____

SSN or EIN: _____

Relation to stated fund purpose: _____

Attach original invoice / payment documentation

For grant funds, please attach the grant budget and relate the expense to a budget line item

<u>Invoice #</u>	<u>Invoice Date</u>	<u>Invoice Amount</u>	<u>Description/Budget Line</u>

As the Authorized Fund Signatory, I have reviewed the attached budget and determined that funds are available in the appropriate budget category.

Amount of Check: \$0.00

Authorized Department Signature: _____

Print Name: _____ Phone # : _____

E-mail Address: _____

Requests for payments of \$2,500 or more must be signed by the secondary authorized signer

DO NOT WRITE BELOW THIS LINE - FOR BCF OFFICE USE ONLY