

For SCSU Foundation Staff Use Only

Funds Available: Yes _____ No _____ Date Received: _____ Balance \$ _____
Director of Fiscal Affairs Name: _____ Signature: _____ 1099: _____

**SOUTH CAROLINA STATE UNIVERSITY FOUNDATION, INC.
803-516-4722 or 803-516-4898
Post Office Box 7187, Orangeburg, South Carolina 29117
REQUISITION (Check Authorization)**

Account Name: _____ Account #: _____ DATE: _____

Check Payable: _____ Mail To: _____
To: _____ Name: _____

Social Security #: _____ Address: _____

<u>Quantity & Description</u>	<u>Amount</u>	<u>Budget Code</u> (For Foundation staff only)
1 check	_____	_____
Purpose: _____		

As appropriate, original letters, bills, invoices, receipts, and/or time sheets must be attached to conform to the Foundation's policy. Payee's social security number is necessary if payment is for an honorarium or other contractual services.

I certify that the above expenses are just and true, that they were incurred on official business of SC State University, or the SC State University Foundation, Inc., and that they have not been (or will not be) reimbursed from any other source.

The SC State University Foundation levies the following fees on the respective funds and accounts it holds and manages. By initiating this requisition you understand that these fees have or will be charged against any available balance in your account. This policy has been in effect since January 1, 2011.

**3% Gift Reinvestment Fee (All Gifts) / .25% Management Fee (Annually charged on previous balance)
The SC State University Foundation's fiscal year runs January – December.**

Necessary Approvals

Account's Authorized Name _____ Account's Authorized Signature _____ Date _____

Vice President's Name _____ Vice President's Signature _____ Date _____

President's Name _____ President's Signature _____

David Igozee
Director of Fiscal Affairs Name _____ Director of Fiscal Affairs Signature _____ Date _____

A.L. Fleming
Executive Director's Name _____ Executive Director's Signature _____ Date _____

Check Signed By: _____ Date: _____ Check #: _____