

**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:**

To: \_\_\_\_\_

**Mail To:**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Quantity & Description**

**Amount**

**Budget Code (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

**Stephen V. Beatty**  
\_\_\_\_\_  
Foundation Chairman

\_\_\_\_\_  
Foundation Chairman's Signature

\_\_\_\_\_  
Date

Check Signed By: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_