

Medical College of Georgia Foundation, Inc. Request for Disbursement (Check Request)

(1) Date

(2) Check Amount

(3) Department

(4) Fund/Account Name

(5) Fund/Account Number

(6) Payable to:

(7) Purpose/Justification

Exact name and address of payee

Consult MCG Foundation Disbursement Policy

(8) Handling Instructions (mail or call)

(9) For honorarium/compensation, IRS form W9 required

Request check be mailed inter-campus/picked up/ returned to department. List method of delivery desired.

If honorarium, contracted labor or consulting services were utilized, please remove the name social security number, address and daytime phone number of the individual performing such services.

(10)

AUTHORIZATION	
Account Administrator	Date
RECOMMENDED	
Chairman/Dean/Vice President Executive Director	Date
MCG Foundation President & CEO	Date

OFFICE USE ONLY	
Date Received:	
Check No:	
Amount Paid:	
Date Paid:	
Vendor:	
I.S.L.C	

Please mail this form, receipts and supporting documentation to the MCG Foundation, Inc. Accounting Office