



REQUEST FOR WITHDRAWAL OF RESTRICTED FUNDS FROM BALL STATE UNIVERSITY FOUNDATION

FUND NUMBER	
FUND NAME	
NAME OF DEPARTMENT OR ADMINISTRATIVE UNIT	
PROJECT OR EVENT (if applicable)	
WHO ATTENDED?	
Faculty	Staff
Student	Other
PURPOSE OF WITHDRAWAL	
AMOUNT	PAYABLE TO
SEND CHECK TO	
SUBMITTED BY	DATE

FUND AUTHORIZATION	DATE	
SUPERVISORY AUTHORIZATION	DATE	
<u>PLEASE USE THE LIST TO FACILITATE PROCESSING OF THIS REQUEST</u> _____ ORIGINAL DOCUMENTATION ATTACHED (REQUIRED) _____ HONORARIUM? ATTACH COMPLETED FORM W-9. _____ TRAVEL? ATTACH APPROVED TRAVEL AUTHORIZATION FORM _____ TRAVEL? ATTACH APPROVED DETAIL EXPENSE REPORT (if cost is shared with the university)		
BELOW FOR FOUNDATION USE ONLY		
FOUNDATION APPROVAL SIGNATURE	DATE	
VENDOR NUMBER	ACCOUNT	
___ COMMITMENT	___ EXPENDITURE	___ TRANSFER
BATCH NUMBER	INPUT BY	DATE
CHECK NUMBER	CHECK DATE	
VOID CHECK NUMBER	VOID DATE	
REPLACEMENT CHECK NUMBER	REISSUE DATE	