

## CHECK and REIMBURSEMENT REQUEST

*This form is used to request checks for approved expenditures. Except where signatures are required, **PLEASE TYPE OR PRINT** requested information.*

*Sales and Use Tax Notice:* All expenses paid and/or reimbursed by The ABAC Foundation, Inc. **must** include sales and use tax. It is the responsibility of the Purchaser/Requesting Party to ensure that all appropriate sales and use tax amounts are paid with each purchase and appear on vendor payment and billing documentation.

*Vender Tax ID Notice:* IRS regulations require that The ABAC Foundation, Inc. issue 1099s to vendors under specified circumstances. In order to comply with these regulations, W-9s **must** be completed by the requesting party and submitted with the request for payment or reimbursement. It is the responsibility of the requesting party/purchaser to obtain completed W-9s for vendors.

### REQUESTING PARTY INFORMATION

Requesting Party (Print Name):	Date of Request:
Campus Telephone:	ABAC Address:
Campus E-mail:	

### REMITTAL INFORMATION

Remittee Name:	Remittee Address:
Remittee Telephone Number:	Send Payment to: <input type="checkbox"/> Employee <input type="checkbox"/> Vendor
<input type="checkbox"/> W-9 Form Attached <input type="checkbox"/> W-9 Form has been previously submitted for Remittee <i>this calendar year</i>	

### PAYMENT INFORMATION

Total Payment Amount Requested: \$	Foundation Account Name to Charge:
Project ID (Foundation Use Only):	Foundation Account Number to Charge:
Justification for item(s) purchased (attach additional pages as needed to provide a complete and accurate description):	

### APPROVAL AND SIGNATURES

Requesting Party's Signature and Date:	<i>I hereby certify that the expenditure set out above and/or on the attached page(s) was a valid purchase made for or on behalf of ABAC, its programs, divisions, etc., that the purchase was reasonable in amount and necessary to support the mission and business of ABAC, that any available state funds have been first utilized, that all sales and use tax was paid, and that no portion of the purchase was for personal use and/or gain.</i>
Fund Administrator's Signature and Date:	Fund Administrator's Name and Title (Please Print):
Vice President's Signature and Date:	Vice President's Name (Please Print):

FOUNDATION USE ONLY: Acct # \_\_\_\_\_ Amount Disbursed: \$ \_\_\_\_\_