

THE UNIVERSITY OF ARIZONA
FOUNDATION

1111 N. Cherry Ave., Tucson, Arizona 85721 PO Box 210109

Check Request
Unrestricted Fund

PREPARED BY _____

DATE SUBMITTED TO FOUNDATION _____

DEPT NAME AND CAMPUS ADDRESS _____

PHONE NO _____

PO BOX _____

EMAIL ADDRESS _____

| | |
|---|--|
| Unless otherwise stated under special instructions, check will be mailed to payee. For payment, attach receipts and invoices. | THIS SECTION MUST BE COMPLETED |
| Payee: _____ (full legal name required) | Is payee UA Employee? Yes No Is payee UA Student? Yes No |
| Address: _____ (Home address if payee is an individual) (Business address if payee is a business) | Is payment to or for the benefit of a non-resident alien? Yes No <i>(If the answer to this question is yes, the payment must be processed through the UA)</i> |
| _____ Zip: | Approved by _____ Date _____ |
| S.S. No _____ | (X) |
| Fed Tax ID _____ | (X) |

| U of A Business-Related Purpose of Payment | Special Instructions |
|---|----------------------|
| For Multiple Receipts, a reconciling spreadsheet is required. | |
| | Amount \$ |

| | |
|------------------------------|--------------------------------|
| Foundation Account No: _____ | Foundation Account Name: _____ |
|------------------------------|--------------------------------|

| To be completed by the University of Arizona Foundation | | |
|---|--------------|-------------------|
| G/L Account No. | Received by: | Date Received: |
| Processed by: | Date: | Paid w/ Check No: |
| Comments: | | |