

## **Request for Payment Form**

| Payee:   | Taxpayer ID/SSN: |
|----------|------------------|
| Address: |                  |
| City:    | State: ZIP code: |

The MCV Foundation reserves the right to return an expenditure for further review if it is deemed excessive or an inappropriate use of philanthropic dollars.

| Amount:   |
|-----------|
|           |
|           |
|           |
|           |
| TOTAL: \$ |

| MCV Foundation fund number   |                              |
|--|------------------------------|
| Payment for the above articles/services is in accordance with guidelines for expenditures from the | MCV Foundation<br>office use |
| name of fund   | Vendor:                      |
| Approved:  | Date:                        |
| Phone:   | Amount:                      |
| Campus address:  | Check No.:                   |
| Date:  | Check date:                  |

Submit original Request for Payment Form and original receipts/invoices with one photocopy of request form and invoice.