Check Request Transmittal

Date _____

Department Name _____ Phone _____

Department Contact _____ Email _____

Payee Name		Document #	Document Amount
Address			
City/State/Zip			
LSU ID# (if employee or student):			
Remit Message (if necessary):			
☐ Check for special handling –reason:			

☐ Check here to confirm individual is **not a non-resident alien**. Payments to non-resident aliens cannot be made directly by LSU Foundation.

For All Expenses Please Note Description and Business Purpose of Expense (What/Why):

Additional Documentation Required for Travel and Entertainment Expenses

Date of Expenses (when): _____

Location (where): _____

Individuals Entertained, Names and Business Affiliation (who) : _____

_____

LSU Foundation Account(s) to be Charged (you must fill in either Project ID or Account Name):

Project ID	Account Name	Expense Category (Optional)	Amount
_____	_____	_____	$_____
_____	_____	_____	$_____

The undersigned dean/director certifies that (a) no goods or services being paid for or reimbursed via this check request were procured from an LSU employee or an LSU employee's immediate family, or a company owned by an LSU employee or an LSU employee's immediate family, and (b) funds are expended for the purpose designated by the donor in accordance with the terms and conditions established by the donor, as well as the policies and procedures established by the LSU Foundation and all applicable University policies, including but not limited to, terms of the Uniform Affiliation Agreement. The undersigned acknowledges that the Foundation will rely upon certifications made herein on behalf of the University.

Authorized By (optional) _____
Department Head Date

Approved By: _____
Dean/Director or Higher Level University Official Date

Additional Required Signatures (if applicable)

Approval Per Uniform Affiliation Agreement (if required)

By: _____
University Administrative Official Date

HRM (for employee awards)
_____
Date

Chair/Professorship Holder (for matched chairs/profs)
_____
Date

FAS-Trademark Licensing (for use of LSU Logo)
_____
Date

Route to LSU Foundation
Attn: Felicia Jennings