# LSU New Orleans Foundation
# Payment Request Form

**Department Name** _____

**Prepared by:** _____ **Phone #:** _____ **Date:** _____

| Project Acct. # | Project Account Title | Amount |
|---|---|---|
| | | |
| | | |
| | | |

| Description/Purpose - Invoice #, invoice date, student's name & ID #, etc. | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| **TOTAL:** | **$ 0.00** |

**Payee Name:** _____ **Fed. Tax I.D./ SS #** _____

**Address:** _____

_____

_____

**Electronic payment to account on file**

**OR**

**Disposition of Paper Check:**

**Mail** ☐ _____ **Call Dept.** ☐ _____

**Approved -Signatures**

_____ _____

**Account Administrator** **Dean/President**

_____ _____

**Printed Name** **Printed Name**

For Foundation Accounting Office Use Only

| Fund | Acct. # | Sub-Fund | Debit | Credit |
|---|---|---|---|---|
| | | | | |
| | | | | |
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| | | | | |

**Approved By** _____

**Foundation Chief Financial Officer**

**Payment #** _____

**Payment Date** _____

# LSUNOF Payment Request Form Instructions

**Department Name:** the academic or administrative department requesting the payment be processed.

**Prepared by:** the person who the Foundation can contact for further information on the request.

**Project Acct. #:** the Foundation project account number to charge from. (Do **not** use LSUNO accounts.)

**Project Account Title:** the project's title to help to ensure the appropriate account was charged.

**Description/Purpose - Invoice #, invoice date, student's name & ID #, etc.:**

- Here is where a *description & purpose* of the payment should be described. Please include invoice numbers and dates. Attach all applicable invoices/receipts/proofs of payment to request.
- If the request is **reimbursement** for several expenses, the payments should be itemized with the purpose for each payment listed. A separate itemized list may be attached. For meal reimbursements, please attach list of attendees.
- If the request is a **transfer to LSUNO**, please include the LSUNO account number where the funds will be deposited.
- If the request is for **scholarships**, the payee should be LSUNO and the student names, student ID #'s, amounts, and semester/year should be listed in this area or in a separate attached list.

**Payee Name/Address:** who should the payment be made out to. Scholarships should be made payable to LSUNO.

**Fed. Tax I.D./ SS #:** Only required when payment is for services (including honorariums). If the payee a new vendor, attach a copy of payee's W-9 and, if applicable, contract for the professional services conducted if not on file with the Foundation.

**Electronic payment to account on file:** payment will be made via EFT (Electronic Fund Transfer) using the information from the LSUNOF EFT Authorization Form already on file.

**Mail/Call Dept:** If EFT authorization is not on file, a paper check will be issued. Please check **one** box to ensure the correct disposition of check. If the check is for pick up, the preparer will be the person of contact unless noted otherwise.

**Account Administrator:** signature of the Administrator for the Foundation account.

**Dean or Vice President:** signature of Dean or Vice President over the department requesting the check.

For Foundation Accounting Office Use Only – Do Not Write Below This Point.