VALDOSTA STATE UNIVERSITY FOUNDATION

VSU Foundation Request for ACH Reimbursement

Date:

Payee:

Payee Address:

Payee Phone:

Payee email address:

Requestor:

Department Head Approval:

Dean Approval:

President, Vice President, or Athletic Director Approval:

Fund Number:

Fund Name:

Fund Balance:

Items to be Reimbursed:

Reason:

Payment Amount: _____

☐ By clicking this box, I understand my responsibility to provide the Foundation with the required credit authorization for ACH files. I also understand that this ACH request must be approved by either the Dean of the College, Vice President, or Director of Athletics. Additionally, I recognize that the Foundation and its employees must adhere to the procedures governing ACH disbursements. I acknowledge that if any information provided is incorrect, this request will be denied until the form has been corrected by the initiator.

For Foundation Use:

Expense Account:
Functional Expense Category:
Date of Processing:
Accounting Initiator:
Accounting Approver: