

Winthrop University Foundation

WUF-D Disbursement Request

Complete this form and attach original receipts or invoice prior to submission.

Return to: Winthrop University Foundation – Stewart House



Foundation

Date Prepared: _____

☐ Hold Check for Pick-Up

Payee Name: _____

Amount: \$ _____

Payee Relationship: ☐ WU/WUF Employee ☐ WU Student ☐ Individual

☐ Established Vendor* (Documents on File)

☐ **New Vendor*** - If this is your first request for this vendor, please complete the following:

Federal Tax ID: _____ ☐ Form W-9 attached, see box*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fund or Account Description: _____

Foundation Fund ID or Account Number _____

Invoice # _____

Please note:

*If the request for payment is for professional **services** or **honoraria**, attach a completed IRS Form W-9 form (download from www.irs.gov/pub/irs-pdf/fw9.pdf)

For all **food/beverage supplies or meal purchase, we are required to identify the purpose of expense and all people attending, including each person's relationship to WU/WUF. You may use the roster provided on WUF-D or create your own with all required information.

*** If your request is for business-related mileage reimbursement, please attach a WUF-E form found at www.winthrop.edu/foundation/forms

In the space provided below, please write a **concise description** of the business justification for the expense, including the benefit to Winthrop University:

Prepared By: _____ College/Department _____

Preparer Signature _____ Campus Address _____ Phone Ext _____

Authorizing Signatures: By signing below, I certify that

- I am the current authorizing official for the fund indicated.
- The expenditure is a usual and customary business expense that furthers the mission of Winthrop or WUF.
- The request is in compliance with the established purpose of the fund and with Foundation reimbursement policies.
- The expenses have been approved by the University, as required by policy and have not been reimbursed or paid from any other source.

Authorizing Official: (Print) _____ Title _____

Authorizing Official Signature _____ Date _____

Please note: The payee indicated may not authorize his/her own reimbursement. The payee's immediate supervisor and the approving Dean, Department Head or VP must authorize the request.

Dean, Dept. Head/VP Signature _____ Date _____

We welcome your questions – please call x2229 or email wuf@winthrop.edu. Please review the following reminders to expedite your request:

- ✓ Please remember to submit all supporting documentation required. Tape the original receipts to a blank piece of paper and staple all other supporting documents to this form and indicate the following:
 - Signatures - be sure to have the person completing the request and the Authorizing Official(s) sign the WUF-D, and WUF-D2 (if needed).
 - The Authorizing Official should hand write **'Ok to pay'** and **initial** the related invoice.
- ✓ The information required meets an external audit requirement. **Incomplete requests will be returned for correction prior to processing.**
- ✓ Verify that the request complies with the Winthrop University Foundation's [Disbursement Policy](#).

Winthrop University Foundation
WUF-D2 Food/Beverage Expense Documentation
Attendance Roster



Foundation

Date of Event, Meeting or Meal related to food/beverage purchase _____

Place _____ Title/Subject _____

	Attending Name(s)	WU Employee (F/S or paid Student Worker)	If person is not a WU/WUF employee, please indicate relationship to WU/WUF (e.g. student, alumni, donor, prospect, parent, vendor community member)
1		Yes	
2		Yes	
3		Yes	
4		Yes	
5		Yes	
6		Yes	
7		Yes	
8		Yes	
9		Yes	
10		Yes	
11		Yes	
12		Yes	
13		Yes	
14		Yes	
15		Yes	
16		Yes	
17		Yes	
18		Yes	
19		Yes	
20		Yes	