



May 3, 2023

MEMORANDUM

TO: Roxanne Miller
VP and Chief Institutional Advancement Officer - Foundation

VIA (CC'd): Division Head Name: _____

Title, Department: _____

FROM: Initiator's Name: _____

Title, Department: _____

SUBJECT: Request for (fund name) _____ Funds

BALANCE: Fund balance at time of request: \$ _____

Please cut a check in the amount of \$ _____

To (Individual or Organization Name): _____

Pay from (Fund Name): _____

The purpose for this expense:

For Individual – List name and ID number or address:

For Organization – List name and ID number or address:

Attachment(s) Attach invoices or receipts