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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disbursement Voucher For**  **OSU Foundation Funds** | | | | Project Name | | | |  | | | |
|  | | | |
|  |  |  | | Project Number (7 NUMBERS) | | | |
|  | | | |
| OSUF Date Stamp | | |  | Purpose | 🞎 Operating Funds  🞎 Student Support  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Facilities  🞎 Research |  |  | | | | |
| Prepared By | | | Extension |  | | | | |
|  | | |  |  | | | |
| Email Address | | | Date Prepared |  | | | |
|  | | | 1/22/2015 |
|  |  |  | |  | | | |  | |  | |
| OSUF Only | *\*Please include address of vendor and any item(s) to be returned with check. Place an “X” in the Mail column if you wish for the OSU Foundation to mail the check to the vendor.* | | | | | | | |  | |

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| Vendor # | Mail | EFT | Payee Name & Address\* | Funds Are Requested For the Following Purpose | Amount | Account # |
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|  |  |  |  |  | 0.00 |  |
| By signature on this document, I verify that the above payments are in accordance with the intent, purpose and restrictions of the project listed and that the  payments are in compliance with all OSU policies and procedures. I verify that none of the above payments are for services performed by University employees  or to non-U.S. citizens for scholarships, fellowships or services performed which are to be compensated in total through the OSU payroll system.   |  |  |  |  | | --- | --- | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Originating Office Approval |  |  | Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Administrative Approval |  |  | Date | | | | | | | |

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| FOR OSU FOUNDATION USE ONLY | | |
| Reviewed By Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | --- | | Entered By  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |
| Please Check if Applicable    🞎 W-9 on file at OSUF 🞎 cc: OSU Payroll  🞎 Bank Draft 🞎 cc: Financial Aid  🞎 Foundation Leadership 🞎 cc: Ethics | Notes: | Accounting Review  (>$2,500.00)  Name\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_ |