

East Stroudsburg University Foundation

Requisition Form - University

Date: \_\_\_\_\_

Make check payable: \_\_\_\_\_  
\_\_\_\_\_

Send Check to: \_\_\_\_\_  
\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Fund/Project ID

Fund/Project Description:

Event ID: if applicable \_\_\_\_\_

Event Description: if applicable \_\_\_\_\_

Restriction: \_\_\_\_\_ Account Code: \_\_\_\_\_ Dept(Cost center): 02  
(Accounting use only)

Amount: \$ _____	Line Item: _____
\$ _____	Line Item: _____
\$ _____	Line Item: _____
\$ _____	Line Item: _____

TOTAL \$ \_\_\_\_\_

Description / Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Signature

Phone: \_\_\_\_\_

Approved by: \_\_\_\_\_ Phone # \_\_\_\_\_  
Signature – Print Name - University Director or Department Chair

Approved by: \_\_\_\_\_  
Signature – ESU Foundation -Chief Financial Officer

Approved by: \_\_\_\_\_  
Signature – ESU Foundation Board / Executive Director