

East Stroudsburg University Foundation

Check Requisition Form - Athletics

Date: _____

Make check payable: _____

Send Check to: _____

Amount: \$ _____

Fund ID: _____ **Fund Description:** _____

Account Code: _____ **Cost Center ID:** 02 _____

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

TOTAL \$ _____

Description / Purpose:

Requested by: _____ Print Name: _____
Signature Phone: _____

Authorized by: _____
Signature – Tom Gioglio – Director of Intercollegiate Athletics

Approved by: _____
Signature – ESU Foundation – Chief Financial Officer

Approved by: _____
Signature – ESU Foundation Board / Executive Director