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: 200   **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 – ESU Director

Approved by: _____
Signature – ESU Foundation - Sr. Director of Finance & Admin

Approved by: _____
Signature – ESU Foundation - Executive Director