

East Stroudsburg University Foundation

Check Requisition Form - Athletics

Date: _____

Make check payable: _____

Send Check to: _____

Amount: \$ _____

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

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: _____

Authorized by: _____
Signature – Director of Intercollegiate Athletics

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

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