University Foundations
WORKFLOW CHECK REQUEST

Submitted By: _____

Department: _____

Phone #: _____

Date: _____

PAYEE INFORMATION:

Payee Name
_____

Payee Address/Campus Address - Line 1
_____

Payee Address/Campus Address - Line 2
_____

Payee City, State, ZIP

INVOICE INFORMATION (if applicable):

Invoice Number(s): _____

Customer ID: _____

Has a TRV/DEV been filed?	**YES***	**NO**
*If **YES**, a copy must be attached to this request.*		
Contractual/Honorarium?	**YES***	**NO**
*If **YES**, complete #1-4*		
1. Payee SSN: _____		
2. Is Payee a US Citizen/Permanent Resident?	**YES**	**NO**
3. Is Payee a University Employee?	**YES**	**NO**
4. Dates services were performed: _____		

DETAILED DESCRIPTION OF EXPENSE & THE BENEFIT TO USC: *(applicable forms should be attached to this drop point check request)*

TO BE PAID FROM:

_____   _____

Foundations Project ID(s)   Foundations Project Name(s)

CHECK REQUEST AMOUNT:

$ _____

By signing below, I certify that the above expenses are in compliance with the applicable gift agreement(s), are ordinary and necessary business expenses of the University or of Foundations, and have not been reimbursed from any other source, and that all approvals as required by Foundation policy have been obtained.

_____

University Departmental Approval

_____

Budget Office Approval (if applicable)

_____

Secondary Departmental Approval (if applicable)

_____

Secondary Budget Office Approval (if applicable)