



UNIVERSITY OF SOUTH CAROLINA  
FOUNDATIONS

Submitted By: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

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

## Drop-Point Request for Disbursement (RFD)

### 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: \_\_\_\_\_

*Please attach all applicable forms and backup to this Drop-Point RFD*

Has a TRV/DEV been filed with USC?	YES*	NO
<i>*If YES, a copy must be attached to this request.</i>		
Contractual or Honorarium?	YES*	NO
<i>*If YES, complete #1-4</i>		
1. Did the Payee sign up for EFT payment?	YES	NO
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 & ITS BENEFIT TO USC:

### TO BE PAID FROM:

\_\_\_\_\_

Foundations Project ID(s)

\_\_\_\_\_

Foundations Project Name(s)

### 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

\_\_\_\_\_

Provost Approval (if applicable)

\_\_\_\_\_

Secondary Department/College/Division Approval (if applicable)

\_\_\_\_\_

Foundation Approval (if applicable)