

# LOUISIANA TECH UNIVERSITY FOUNDATION, INC. CHECK REQUEST FORM

DEPARTMENT: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 FOUNDATION ACCT#: \_\_\_\_\_ DATE: \_\_\_\_\_  
 FOUNDATION ACCOUNT NAME: \_\_\_\_\_  
 PAYEE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**If payable to an individual, this individual is presently a Louisiana Tech University employee**  Yes  No

**USAGE OF FUNDS** (Please attach invoices and supporting documentations for all expenditures. If scholarship, attach scholarship form. If travel, attach travel expense form and copy of travel authorization):

<p><b>(50) Instructional Support (Departmental &amp; Teaching Exp.)</b></p> <p>50-31 31 _____ General          50-32 32 _____ To LA Tech FIS#: _____          50-33 33 _____ Compensation          50-35 35 _____ Advances</p> <p><b>(54) Research (Research, Publication &amp; Patent)</b></p> <p>54-31 40 _____ General          54-32 41 _____ To LA Tech FIS#: _____          54-33 42 _____ Compensation          54-35 44 _____ Advances</p> <p><b>(58) Student Financial Aid (Scholarships)</b></p> <p>58-32 50 _____ To LA Tech FIS#: _____</p> <p><b>(80) Fund Raising (Promotional Items, Campaigns, and Functions)</b></p> <p>80-31 81 _____ General          80-32 82 _____ To LA Tech FIS#: _____          80-33 83 _____ Compensation          80-35 85 _____ Advances</p>	<p><b>(52) Academic Support (Library, Faculty Recruiting)</b></p> <p>52-31 36 _____ General          52-32 32 _____ To LA Tech FIS#: _____          52-33 38 _____ Compensation          52-35 39 _____ Advances</p> <p><b>(56) Institutional Support (Pres. Fund, Stud. Recruit., Admis.)</b></p> <p>56-31 45 _____ General          56-32 46 _____ To LA Tech FIS#: _____          56-33 47 _____ Compensation          56-35 49 _____ Advances</p> <p><b>(60) Student Services (Student Affairs, Career Center, Etc.)</b></p> <p>60-31 51 _____ General          60-32 52 _____ To LA Tech FIS#: _____          60-33 53 _____ Compensation          60-35 54 _____ Advances</p>
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**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**Certification:** I certify that these expenditures are appropriate, accurate, and allowable within the scope of work for this department.

**APPROVED:** \_\_\_\_\_  
*Authorized Signature* *Date* *College Dean/Vice President* *Date*

**TO BE COMPLETED BY LOUISIANA TECH UNIVERSITY FOUNDATION, INC.**

Invoice Number:	Invoice Date:	Fund Name	Fund Account Number	Amount

**Total:** \_\_\_\_\_

**Contact:** Charlene Bird  
 Accounts Payable  
 255-7950

**Reviewed:** \_\_\_\_\_  
*Pam Gilley* *Date*  
 Director of Business Affairs