

## Request for UMW Foundation Funds (RFF)

Include the following when preparing the request form:

- ✓ Department name and date of request
- ✓ Payee and mailing address are **required**.
- ✓ Email address is **required** to set up vendor in our system. Within the system, the payee will be able to turn in their W-9 as well as set up their ACH for direct deposit.
- ✓ Description and Business purpose: A full description of purpose and program is needed
- ✓ Project Code and Amount (The project code is the 4 digit account #.) If you know the Fund, Account, and Department, please complete, otherwise the Foundation will complete.
- ✓ If this is a payment to an Adjunct Professor, please include the hours the professor worked on the project. Also check the box as to whether additional money will be given for FICA coverage.
- ✓ Please sign the request and complete to whom the form should be sent for approval. Please **do not** email this form to your supervisor.
- ✓ Please email all backup, including scans of Original receipts and Original invoices with this form to **umwf-accountspayable@umwf1908.org in one file.**

**Please Note:**

***INCOMPLETE FORMS WILL BE REJECTED***

Requests to reimburse the University must specify the fund, organization, account and program numbers (FOAP) at the University to insure proper credit • Foundation funds may not be used to reimburse University credit card charges nor to purchase Gift Cards.

**Requests received older than 90 days will be rejected and unpaid without prior authorization from the Foundation.**

**Payment:**

A minimum of two weeks must be allowed from the time the form is submitted to the time a funds will be received. Please plan accordingly.

If funds are needed in a shorter time frame, contact the Foundation Accounting Office @ ext. 2080 or ahodges@umwf1908.org, to see if other arrangements are possible.

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Date: \_\_\_\_\_ Department: \_\_\_\_\_ Vendor Name or First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Description: \_\_\_\_\_ Business Purpose: \_\_\_\_\_

**Project and Amount are required for completion.**

Total Amount Requested: \_\_\_\_\_ **Account:** \_\_\_\_\_ **Project:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Fund:** \_\_\_\_\_ **Department:** \_\_\_\_\_ Adjunct Professor Name: \_\_\_\_\_

FICA to be calculated on top of award:

**Calculated- Do Not Enter Amount Here**

Signature of Requester:

**Who does this form need to be routed to for Approval (Please type your response):** Dean/Director/Dept. Chair/Supervisor: \_\_\_\_\_

Executive Director/Assistant Vice President: \_\_\_\_\_

Cabinet Member (if over \$1,000 or otherwise required): \_\_\_\_\_

**Please email this form and all of the original backup as one file to: [umwf-accountspayable@umwf1908.org](mailto:umwf-accountspayable@umwf1908.org)**