



University Foundations

DROP POINT 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
<i>*If YES, a copy must be attached to this request.</i>		
Contractual/Honorarium?	YES*	NO
<i>*If YES, complete #1-4</i>		
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)