

Please fill out and print on **yellow** or colored paper if possible.
Include receipts and/or other documentation to support this request.
Contact Scott Wallin at swallin2@uwsuper.edu or x8457 with any questions or concerns.



Remit to:
Scott Wallin, Foundation Accountant
Old Main 237

University of Wisconsin-Superior Foundation, Inc. Athletics Reimbursement Request Form

Date: _____ Foundation Fund: _____

Payee: _____

Amount to be paid by the university with Athletic Cost Center: \$ _____

Amount to be paid by the university with Foundation Cost Center: \$ _____

Expense paid on ProCard

Amount to be paid by the Foundation directly: \$ _____

Foundation Cost Center: 233-801074-0 Project Code Name and ID: _____

Purpose: _____

Special Instructions: _____

Athletic Director *

Vice Chancellor for University Advancement

* If Payee is the Athletic Director,
the Chancellor's signature will be required

To be completed by Foundation Accountant:

Account Number: 2-5910 Fund ID: _____

Payee is UW-Superior