

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. Fund Reimbursement Request Form

Date: _____ Foundation Fund being expended: _____

Payee: _____

Amount to be paid by a University Cost Center: \$ _____

Amount to be charged to the Foundation Cost Center: \$ _____

Expense paid on ProCard

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

Foundation Cost Center: 233-025026- ____ (Add your 1 digit program code)

Project Code Name and ID: _____

Purpose: _____

Special Instructions: _____

Department Chair *

Vice Chancellor for University Advancement

* If Payee is the Department Chair,
the Provost's/Chancellor's signature will be required

To be completed by Foundation Accountant:

Account Number: 2-5910 Fund ID: _____

Payee is UW-Superior