Southern West Virginia
Community College Foundation, Inc.
SFP-1008.A, PAYMENT AUTHORIZATION FORM

PAYEE		**DATE**
ADDRESS		**PREPARED BY**
		FOUNDATION ACCOUNT NUMBER
CONTACT	**PHONE NUMBER**	**PROJECT ID**

DESCRIPTION	AMOUNT
Description of Purchase/Reimbursement	
Benefit to Southern West Virginia Community and Technical College/Business Purpose (Required)	
Total:	

FOR FOUNDATION USE ONLY	
Account Number	Amount

Approved: _____
***Southern WV Community College Foundation Representative**

Approved: _____
****Southern WV Community and Technical College Representative**

Check Number	Notes:

SFP-1008.A, Payment Authorization Form

***Southern Foundation President, Vice President, or Treasurer**

****College** President, Vice President for Institutional Advancement, or Chief Financial Officer

Revised 7/17/2018