

**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			
Description of Purchase/Reimbursement			AMOUNT
Benefit to Southern West Virginia Community and Technical College/Business Purpose (Required)			
FOR FOUNDATION USE ONLY			
Account Number	Amount	Total:	
		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, Executive Director, or Treasurer

**College President, Executive Director for Institutional Advancement and Marketing, or Chief Financial Officer