

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)			
<div>FOR FOUNDATION USE ONLY</div> <div> <div>Account Number</div> <div>Amount</div> </div>			
			Total:
			<div>Approved: _____</div> <div>*Southern WV Community College Foundation Representative</div> <div>Approved: _____</div> <div>**Southern WV Community and Technical College Representative</div>
Check Number			Notes: