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	
	DESCR	IPTION	AMOUNT
Description of Purchase/Reimburseme	nt		
Benefit to Southern West Virginia Community and Technical College/Business Purpose (Required)			
Account Number Amount		Total:	
Check Number	Annroved	Ithern WV Community College Foundation Representative	

SFP-1008.A, Payment Authorization Form

*Southern Foundation President, Executive Director, or Treasurer

**College President, Chief Development Officer, or Chief Finance Officer