

**SLIPPERY ROCK UNIVERSITY FOUNDATION, INC.**  
**CHECK REQUEST**

Special Instructions:

Return to:  
100 Old Main  
Phone: 724-738-2047  
Fax: 724-738-2520

Account Name	Payee	Reason for Request	Amount
		Total	

It is certified that this is a duly constituted and authorized transaction.

Requested by: (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Authorization: (Signature) \_\_\_\_\_ Date \_\_\_\_\_