



FOUNDATION WARRANT

PLEASE TYPE OR PRINT CLEARLY

Upon proper execution of this warrant, the Foundation will render payment to the University or the payee indicated in Section 1 of this form.

REQUESTOR CONTACT INFORMATION:

Date of Request _____ Requestor Name _____
Requestor ULID _____ Requestor Phone _____ Requestor Email _____
Requestor Dept _____

1. PAYMENT INFORMATION:

Amount of Request \$ _____ Send check to UL Lafayette Send check to mailing address
Payee Name _____ Payee ULID or attach W-9 _____
Mailing Address _____
Reason / Purpose of Request _____

2. FOUNDATION ACCOUNT INFORMATION: (Attach the 'Continuation Page' and check box for additional account numbers).

Account Number _____ Account Name _____ Amount \$ _____
Account Number _____ Account Name _____ Amount \$ _____

3. EXPENSE CLASSIFICATION: (If more than one receipt/invoice, please complete the 'Receipt-Invoice Log' and check box).

Personal Services \$ _____ Professional Services \$ _____
Travel _____ Equipment _____
Operating Services _____ Other _____
Supplies _____
TOTAL (Amount must agree to amount in Section 1.) \$ _____

4. FUNDING SOURCE(S): (Indicate if funds have been provided from other sources to defray partial cost of this project).

No
 Yes (If yes, indicate the source of funds and amounts).
Source of Funds _____ Amount \$ _____

APPROVALS: (Please sign and date).

Department Head or Director _____ Date _____ Vice President for Administration and Finance _____ Date _____
Dean or Administrative Head _____ Date _____ President _____ Date _____
Appropriate Vice President _____ Date _____

UL LAFAYETTE FINANCIAL SERVICES OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

FW Check box if continuation page(s) follows for additional FOAPAL lines

FUND	ORG	ACCOUNT	PRGM	ACTIVITY	AMOUNT

Debra Calais, Asst VP – Financial Services