MEDICAL COLLEGE of Georgia FOUNDATION

Fund Access Form

New Fund Representative's Information

Name _____ Mail Code _____

Title _____ Phone Number _____

Department _____ Email _____

Type of Fund Representative

☐ Signatory (please provide signature sample)

☐ Report Recipient Only

Fund(s) Requesting Access To

Fund Number	Fund Name

Authorization (Dean or Department Chair)

Print Name/Title _____ Dean/Department Chair Signature _____ Date _____

MCG Foundation Use Only

Date Received _____ Date Processed _____

Please submit this form, all original receipts, and any necessary supporting documentation to MCG Foundation located at 720 St. Sebastian Way, Suite 150, Augusta, GA 30901 (Attn: Accounts Payable). MCG Foundation's Disbursement Policy can be found at https://mcgfoundation.org/policies-and-forms/. For all other inquiries, please contact the MCG Foundation Accounting Department at (706) 823-5503.