

# MEDICAL COLLEGE *of Georgia* FOUNDATION



## Check Request Form

Date \_\_\_\_\_

Prepared By \_\_\_\_\_

Amount \_\_\_\_\_

Department \_\_\_\_\_

Payee \_\_\_\_\_

Phone Number \_\_\_\_\_

Payee Address \_\_\_\_\_  
\_\_\_\_\_

Fund Number \_\_\_\_\_

Fund Name \_\_\_\_\_

**Purpose or Justification** (all reimbursements for meals, refreshments or entertainment must be accompanied by an **Attachment A**)

\_\_\_\_\_

### Handling Instructions

Pick-Up

Inter-Campus Mail

Email Address: \_\_\_\_\_

Attn: \_\_\_\_\_

Location: \_\_\_\_\_

### Department Authorization (2 signatures required)

\_\_\_\_\_  
Signatory 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

#### MCG Foundation Use Only

Vendor Number \_\_\_\_\_

Date Received \_\_\_\_\_

MCGF Approval \_\_\_\_\_

Date Approved \_\_\_\_\_

Please submit this form, receipts and supporting documentation to MCG Foundation at 720 St Sebastian Way Suite 150 Augusta, Georgia 30901 (Attn: Accounts Payable)

Contact the MCGF Accounting Department with any questions: (706) 823-5500

Please refer to our Disbursement Policy for additional details located on our website, [mcgfoundation.org](http://mcgfoundation.org)