

MEDICAL COLLEGE *of Georgia* FOUNDATION



Check Request Form

Date _____

Prepared By _____ Amount _____

Department _____ Payee _____

Phone Number _____ Payee Address _____

Email _____

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

If used for research purposes, does this expense require compliance approval with the DSPA? Yes No N/A

Fund Number _____ Fund Description _____

Invoice Date _____ Invoice Number _____

Handling Instructions

Pick-Up Inter-Campus Mail

Email: _____ Attn: _____

Location: _____

Department Authorization

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, 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.