NEO A&M DEVELOPMENT FOUNDATION Accounts Authorization

Please Note: Disbursements from Foundation Accounts must be requested using this form, which requires original signatures and proper documentation. Completed forms received in the Foundation Office by 10:00 a.m. on Monday will be processed for distribution by the end of business on Tuesday.

equested by:		Amount S	\$
F	Print Name		
ccount #	Account Name:		
Pay the attached Invoice(s) to:			
(Vendor Name)			
Reason for Expense:			
Please attach original invo	ice(s), If reimbur	sement original itemized receipt(s) as d	locumentation
Mail Check to Veno	dor	up check in Foundation Office	mpus Mail
		_	
Department Chair/Director	Date	V.P./Administration	Date
This is a Scholarship Awa	rd (check will be	sent to NEO A&M College Business Offic	ce for processing)
	Fall	Spring Summer	1 0
_	_		
(Scho	larship Awards ar	re NOT made directly to Student)	
OFFICE USE ONLY:			
Check#:		Check Date:	
Class Code:	Acc	ount/Expense/Revenue Code:	
		-	
Foundation Administrative	: Assistance and F	Foundation Director of Advancement Rev	riew approvals
Foundation Administrative Assistant	Date	Foundation Executive Director	Date
		N BOARD APPROVAL	
Foundation Board Approval			Date