



WKU FOUNDATION

Your Gifts. WKU's Future.

WKU/Office of the Controller

SPLIT PAYMENT PRE-APPROVAL

This form is to be used when requesting WKU Foundation Funds and Western Kentucky University Funds for purchases.

Vendor Information:

Please attach copies of all purchase request & quotes. Please obtain the appropriate signatures for processing.

Vendor Name: _____

Brief Description: _____

WKUF Acct #:

TOTAL

Amount:

\$ _____

\$ _____

\$ _____

\$ _____

WKU Foundation use only

Approved

Declined

Date: _____

Send for approval to WKU Foundation Office, Craig Alumni Center 200

WKU Foundation Signature: _____

Account Administrator Signature: _____

BANNER ACCOUNT INFORMATION

Please include Banner Index that the charge was processed against and relate account code for the purchases.

(*) are required to be filled in by Department.

(*) Banner Index #: _____ **(*)** Commodity Code #: _____

or

Accounting Code #: _____

(For Purchase)

(*) Responsible Person Signature: _____ Date: _____

FOR UNIVERSITY ACCOUNTING USE ONLY

Accounting Signature: _____ Date: _____