



## SPLIT PAYMENT PRE-APPROVAL

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

Vendor Information:	CHF Acct #:	Amount:	CHF use only	
<i>Please attach copies of all purchase request &amp; quotes. Please obtain the appropriate signatures for processing.</i>	_____	\$ _____		_____
Vendor Name: _____	_____	\$ _____		_____
Brief Description:	<b>TOTAL</b>	\$ _____		_____
<i>Send for approval to College Heights Foundation Office.</i>			<input type="checkbox"/> Approved <input type="checkbox"/> Declined Date: _____	
College Heights 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: \_\_\_\_\_