



MWSU FOUNDATION
PAYMENT/REFUND REQUEST FORM

DATE: _____

PAY TO: _____

ADDRESS: _____

- CURRENT STUDENT FACULTY / STAFF OTHER
 MAIL TO ADDRESS ABOVE HOLD FOR PICKUP CAMPUS MAIL

PAYMENT AMOUNT: \$ _____

FUND DESCRIPTION: _____

FOR: _____

REQUESTED BY: _____

APPROVED BY CHAIR/SUPERVISOR: _____

APPROVED BY VP/DEAN: _____

APPROVED BY VP: _____

CHECKS PAYABLE TO MWSU PLEASE FILL OUT THE FOLLOWING:

FUND NUMBER: _____

ORGANIZATION NUMBER: _____

PROGRAM NUMBER: _____