***UMD Foundation Check Request Form***

Date of request:

Dollar amount requested from Foundation:

College / Administrative unit:

Purpose of transfer:

Transfer funds to PeopleSoft account string:

Fund DeptID Program CF1 (4 digit UMF fund #) CF2 (optional)

1701             UMF 000

Contact:

Contact phone number:

Authorized Signature for the Fund:

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 Date

Printed name of authorized signer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_