



THURGOOD MARSHALL LAW SCHOOL –FUNDING REQUEST FORM

REQUESTORS / DEPARTMENT NAME: _____

JUSTIFICATION FOR REQUEST:

Event Date:

AMOUNT OF REQUEST: \$ _____

ATTACHMENTS:

• **VENDOR INVOICE:** _____

• **W-9:** _____

• **DIRECT DEPOSIT**_____

• **CREDIT CARD PURCHASE:**

IF PAID BY CREDIT CARD REQUESTOR IS RESPONSIBLE FOR RETURNING RECEIPT TO ACCOUNTS PAYABLE OFFICE WITHIN 3 DAYS OF PURCHASE

REQUESTORS SIGNATURE: _____ **DATE:** _____

DATE RECEIVED IN AP: _____

NEED:

PLEASE MAKE SURE ALL OF THE DOCUMENTS ARE COMPLETE