



**CREDIT CARD AUTHORIZATION**  
**WITHDRAWAL REQUEST**

**INSTRUCTIONS**

1. Complete Section A and B.
2. Original invoice(s) or receipt(s) must accompany request. If you are submitting multiple receipts, please provide a summary on a separate sheet. Please tape the receipts to a separate sheet of paper without covering the ink.
3. Submit the signed original to the WSSU Foundation, Incorporated, Blair Hall, Suite 304.
4. **The Foundation Office will not accept e-mailed, scanned or faxed copies of withdrawal requests. Original signatures are required.**
5. Print and retain a copy of the request for your records.

**QUESTIONS?** Call extension 3151, fax extension 3137 or email us at [wssufoundation@wssu.edu](mailto:wssufoundation@wssu.edu). **Requests will be received in the WSSU Foundation Office 11am until 4pm Monday thru Thursday.**

**SECTION A (Fill in all blanks)**

Date _____	
Person Preparing Form _____	Telephone _____

**SECTION B (Fill in all blanks)**

Payee _____
Payee's Address _____
Payment Amount \$ _____ Customer Account/Vendor Invoice Number _____
Purpose of Expenditure _____
Foundation Account Name _____ Account Number _____
Person Authorizing Withdrawal _____
<div style="display: flex; justify-content: space-between;"> <span>Print Name</span> <span>Signature</span> </div>
<p><b>If person authorizing the withdrawal is the same as payee, approval of the payee's manager is required before the request is processed.</b></p>
Manager of the Payee _____
<div style="display: flex; justify-content: space-between;"> <span>Print Name</span> <span>Signature</span> </div>

**SECTION C (For Foundation Use Only)**

Account Number _____	Invoice Number _____
	Check Number _____
Foundation Approval _____	Check Date _____