**Fraternity & Sorority Affairs Gift Fund Request Form**

**Organization Name:** Click here to enter text.

**Today’s Date:** Click here to enter text.

**Requester’s Name:** Click here to enter text.

*Note: Requests may only come from the President, Treasurer, or Alumni Advisor*

**Funding Source:** [ ]  **526 Gift Account OR** [ ]  **Other - Account Name:** Click here to enter text.

**Amount:** Click here to enter text.

**Description or Explanation of Use of Funds:** Click here to enter text.

**Whom are we paying? If paying by check, provide the exact name as it should appear on the check:**

Click here to enter text.

|  |  |
| --- | --- |
| **Select a Transaction Type (Choose One)** | **Attach the following documentation to your fund request** |
| [ ]  **FSA pays a bill directly via check (Preferred)** | [ ]  Invoice from the vendor |
| [ ]  **FSA makes an online purchase via credit card** | ***Note: there is a $2,500 maximum for online orders***[ ]  Order Confirmation or link to purchase site (ex. Amazon) |
| [ ]  **FSA reimburses an individual member** | ***Note: this should be a last resort and will take the longest time to receive payment.***[ ] Original Receipt(s) AND [ ]  Bank Statement showing the purchase |
| [ ]  **FSA reimburses the organization** | ***Note: this should be a last resort and will take the longest time to receive payment.***[ ] Original Receipt(s) AND [ ]  Bank Statement showing the purchase |
| [ ]  **Other** | [ ]  Provide all documentation and a description of your funding request |

**Submit your completed Gift Fund Request Form to** **Tina.Muller@rochester.edu** **or deliver to FSA at 201 Wilson Commons. If sending electronically, please copy your Alumni Advisor on the email. FSA will not process a fund request without Alumni Advisor approval.**

*\*Approval of expenses is at the discretion of FSA based on IRS guidelines for appropriate use of charitable gift accounts.*

**For Office Use Only**

Director of FSA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  All necessary documentation is submitted

[ ]  The advisor has approved the purchase