

Check One: Mail Check OR Call when check is ready Ext. _____
 ACH/Direct Deposit Payment **URGENT REQUEST**

CNM FOUNDATION EXPENDITURE REQUEST

Requested By: _____ email: _____

Activity and Benefit to CNM:

Who participated: _____

Where and when: _____

Account Name: _____

Foundation Account Number **COA: F** _____ - _____ - _____ - _____
Fund Orgn Account Prgm

Make Check Payable to: _____

Note: Payee and control agent may not be the same individual; forward request to supervisor of Payee for approval and signature.

CNM ID# or Vendor Code: _____ Commodity Code: _____

Amount Requested \$ _____

CNM Department Control Agent (Print name & sign) Date

Foundation Control Agent Date

CNM Foundation Board President/Vice President Date

Pre-Audit Review Date

Please attach invoice, receipts, and/or any supporting documents including meeting agendas/ attendees. Invoices/receipts must be stamped and certified as 'Approved to Pay.' **CNM Foundation Board President/Vice President approval required on requests of \$5,000 or more processed through ACH payment.**