

Radford University Foundation, Inc.

PO Box 6893
Radford, VA 24142
(540) 831-5525

Expenditure Request Voucher

For University Personnel
updated 11/23



General Description of Request: _____ Date: _____

Requested by: _____

RU PO Box: _____ Phone #: _____ RU e-mail address: _____

Payment(s) Expected to: _____

Purpose and Description	Basis for Estimate	Attached Documentation	Estimated Total	Foundation Fund #:	Charge Account#:
Grand Total - Estimated			\$ -		

Any special requirements, details, or timing related to the expenditure:

Approved: _____ Disapproved: _____

Originator Date

Approved: _____ Disapproved: _____

Fund Guardian Date

IF ACADEMIC REQUEST IS OVER \$2,500 THEN PROVOST APPROVAL IS REQUIRED

Approved: _____ Disapproved: _____

Unit Head or Dean of College Date

Approved: _____ Disapproved: _____

Provost/University Vice-President Date

University President or Designee Date

Basis for Disapproval (if required)

*** All expenditures require support by original invoice or documentation. THE FOUNDATION DOES NOT HONOR STATE "PER DIEM" RATES.**