



University of Wisconsin-Platteville Foundation  
**Fund Transaction Request**  
 (Submit copies printed on PINK PAPER to Foundation Office)

Fund Name:

Amount:

Purpose (attach receipts or document expenses):

Payable To:

Address:

Send Check To:

Contact Name & Number for Questions:

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_

All requests MUST be printed on PINK PAPER for processing