

**Southern West Virginia
Community College Foundation, Inc.
SFP-1008.A, PAYMENT AUTHORIZATION FORM**

| | | | |
|--|---------------------|--|--|
| PAYEE | | DATE | |
| ADDRESS | | PREPARED BY | |
| | | FOUNDATION ACCOUNT NUMBER | |
| CONTACT | PHONE NUMBER | PROJECT ID | |
| DESCRIPTION | | | |
| Description of Purchase/Reimbursement | | AMOUNT | |
| Benefit to Southern West Virginia Community and Technical College/Business Purpose (Required) | | | |
| FOR FOUNDATION USE ONLY | | | |
| Account Number | Amount | Total: | |
| | | | |
| | | Approved: _____ | |
| | | *Southern WV Community College Foundation Representative | |
| | | Approved: _____ | |
| | | **Southern WV Community and Technical College Representative | |
| Check Number | | Notes: | |
| | | | |

SFP-1008.A, Payment Authorization Form

*Southern Foundation President, Vice President, or Treasurer

**College President, Chief External Affairs Officer, or Chief Finance Officer