



**WESTERN**  
NEW MEXICO UNIVERSITY  
*University Foundation*

**Fund Disbursement Request Form**

**Requestor Information:**  
*(if not authorized signer)*

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

**Internal Use Only:**  
EXECUTIVE COMMITTEE APPROVAL  
Date Granted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Office Staff Initial \_\_\_\_\_  
Approvals Attached

Fund Name: \_\_\_\_\_ Fund ID: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**(NOTE: Any amount greater than \$7,500.00 requires prior WNMU Foundation Board approval and may require additional processing time.)**

**Make check payable to:** \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (Street, City, State, Zip) Phone

W/9 attached  N/A

**(If payment for services is made to an individual, completed W-9 form MUST be on file in the WNMU Foundation office and payee is subject to all income tax laws. A 1099 will be issued to the payee, if applicable.)**

Business purpose(s) for which payment is being requested: \_\_\_\_\_

**Mandatory: Attached ORIGINAL documentation (receipts, invoices, statements, letters, etc.)**

Mail check to payee  Return check to requestor  Special Instructions\*

\*Instructions: \_\_\_\_\_

Date of request: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date check is needed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**WNMU Foundation processes checks every Wednesday (excluding holidays and scheduled WNMU breaks)**

**CHECK REQUESTS FOR THE CURRENT WEEK WILL NOT BE ACCEPTED AFTER 2:00pm Tuesday**

**Authorized Signer:** \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Authorized Fund Signatory **\* Must be authorized signatory for Fund\***

**Foundation Approval:** \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

WNMU Foundation Executive Director

**Foundation Approval:** \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

WNMU Foundation Board Treasurer or Designee

**Return this form to:**

Western New Mexico University Foundation  
PO Box 1158, Silver City, New Mexico 88062  
phone: 575/538-6310 • fax: 575/538-6275

**For questions directly related to processing of this form:**

Estere Perrault Lucero, Accountant & Donor Relations Specialist  
Estere.Lucero@wnmu.edu  
phone: 575/538-6785

**Internal Use Only:**  
Date Issued: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Check No. \_\_\_\_\_