

LONGWOOD UNIVERSITY FOUNDATION, INC.
TRUST FUND WITHDRAWAL REQUEST

Fill out blue fields before printing, then obtain signatures and submit form to Foundation Office.

Date:

FUND ACCOUNT NUMBER(S):

FUND NAME(S):

AMOUNT OF WITHDRAWAL:

PURPOSE OF WITHDRAWAL:
(Attach receipts or documentation
of expense)

CHECK PAYABLE TO:

ADDRESS:

IF CHECK TO BE SENT
TO PERSON OTHER THAN
PAYEE, GIVE NAME
AND ADDRESS:

PERSON AUTHORIZING WITHDRAWAL:

Department Head

Dean

President

Vice President

Deliver this form to:
Foundation Office

Allow at least 10 working days for the Foundation to process for payment.

Received:

Account _____

Class _____

Program _____

University _____

Restriction _____

Foundation, CFO

CHECK NUMBER

DATE