

Endowment Request Form

Date _____ Contact Person _____ Phone _____

Instructions:

- 1) Use this form to request funding from an endowment. The form must be typed and signed. Electronic signatures will be accepted.
- 2) For direct payments, the student's GWEB or employee's W-4 address will be used, regardless of the information provided in Section 1.
- 3) Direct deposit information should be submitted to Payroll at payroll@gwu.edu. Please do not attach to this form.
- 4) Submit the form and supporting documentation electronically to the Office of the University Controller at endowmentadmin@email.gwu.edu. Do not submit hard copy originals. For questions, please email Leah Kaba at lkaba@gwu.edu or call 571-553-1910.

ACCOUNTS PAYABLE USE ONLY

INVOICE NUMBER	INVOICE DATE	VENDOR#
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AUDITED BY: _____

REQUESTOR INFORMATION

REQUESTOR NAME: _____	PHONE NUMBER: _____
REQUESTOR TITLE: _____	REQUESTOR DEPT.: _____
CAMPUS ADDRESS: _____	EMAIL: _____
APPROVER NAME: _____	APPROVER TITLE: _____

ENDOWMENT INFORMATION

Fund No. _____ Endowment Name: _____

SECTION 1 - PAYMENT REQUEST

ORACLE ALIAS	NATURAL ACCOUNT	DESCRIPTION	AMOUNT
ENDOW			

Are you requesting direct payment from an endowment? Yes No

If no, please proceed to Section 2.

Payee Name: _____ Payee ID (GWID or EIN) _____

Payee Address: _____

GWU Employee? Yes No Payee Contact Info (Phone or Email) _____

U.S. Citizen or permanent resident?(i.e. Green Card holder) Yes No

If No, Nationality _____ Visa Status: F-1 J-1 J-1 Teacher Other: _____

What expenditures will this funding support? How is this related to the endowment purpose? **Provide supporting documentation.**

SECTION 2 - FUNDS TRANSFER

Are you requesting funding transfer from an endowment? Yes No Amount:

If no, please proceed to Section 3.

If yes, please indicate the string where you would like the funds transferred:

Banner Code: _____ OR Entity: _____ Org: _____ Funding Source: _____ NAC: _____

What expenditures will this funding support? How is this related to the endowment purpose? **Provide supporting documentation.**

SECTION 3 - PAYOUT REINVESTMENT

Are you requesting payout be reinvested into this endowment fund? Yes No Amount

If yes, please indicate whether this is per donor or department decision: Donor Agreement Department Decision

APPROVAL SIGNATURE

_____ Requestor	_____ Date	_____ Treasury Management	_____ Date
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_____ Departmental Approver	_____ Date	_____ Endowment Accountant (sign after enter into EAS/ETS)	_____ Date
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