

Check One:  Mail Check **OR**  Call when check is ready Ext. \_\_\_\_\_

## CNM FOUNDATION EXPENDITURE REQUEST

Requested By: \_\_\_\_\_ email: \_\_\_\_\_

Activity and Benefit to CNM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who participated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where and when: \_\_\_\_\_

\_\_\_\_\_

Account Name \_\_\_\_\_

Foundation Account Number **COA: F** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Fund                      Orgn                      Account                      Prgm

Make Check Payable to: \_\_\_\_\_

Note: Payee and control agent may not be the same individual; forward request to supervisor of Payee for approval and signature.

CNM ID# or Vendor Code: \_\_\_\_\_

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

\_\_\_\_\_  
CNM Department Control Agent (Print name & sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foundation Control Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pre-Audit Review

\_\_\_\_\_  
Date

Please attach original invoice, original receipts, and/or any supporting documents including meeting agendas/attendees. Invoices/receipts must be stamped and certified as 'Approved to Pay.'