

## REQUEST FOR PAYMENT (TRANSFER) OF FUNDS

DATE: \_\_\_\_\_

TO: MSU Billings Foundation  
1500 University Drive  
Billings, MT 59101-0298  
(406) 657-2244

Please \_\_\_\_\_ transfer \_\_\_\_\_ pay the sum of \$ \_\_\_\_\_ from account

\_\_\_\_\_ to:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give brief explanation and attach receipts and/or documentation and return to the MSU Billings Foundation for payment. PLEASE NOTE: Requests/Invoices are processed twice monthly – two working days prior to the 15<sup>th</sup> of the month and two working days prior to the last day of the month.

By \_\_\_\_\_  
Fund Controller

Approved \_\_\_\_\_  
President & CEO, MSU Billings Foundation