



FOUNDATION MEMORANFUM FORM

FOR: Purchasing Items- Pay with UA Foundation Account

Date: _____

Department name: _____

Fiscal Officer/ Business Manager name: _____

Department employee name: _____ **is purchasing**

some merchandise for the Department name above.

Foundation account #: _____

Contact email: _____

Contact phone: _____

Employee ID #: _____

Note: Purchasing Department agrees to request Foundation to pay the bookstore by submitting the “Request for Gift Disbursement-UA Foundation” form to UA Foundation office in a timely manner.