Potsdam College Foundation, Inc.		*Requested by		*Phone		
44 Pierrepont Ave Potsdam, NY 1367 foundation-service	6		Email Address			
* Indicates required field			*Approved by 1)		Approved by 2) (if over \$10,000)	
Vendor ID						
*Vendor Name				1099	Yes No	
*Address Line 1			Supporting Docum	entation Attached	Yes No	
Address Line 2			HR Approved BY			
*City		*State	*Zip	Email		
Note: Incomplete	forms, lack of req	uired signatures, and/o	r lack of supporting docu	mentation will delay pro	cessing time.	
*Invoice Number	*Invoice Date	*Commodity Description	on	*Fund	Account	*Amount \$
					Total	
Foundation Office	Use Only					
Approved By						
Program			Invoice Number			
Check Number			Check Date			