

# 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.

## 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) \_\_\_\_\_

If GW employee, process payment through Payroll (related to job)? Yes No Process as gross or net?\* Gross Net

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 \_\_\_\_\_ Central Office Approver \_\_\_\_\_ Date \_\_\_\_\_

Departmental Approver \_\_\_\_\_ Date \_\_\_\_\_ Endowment Accountant (sign after enter into EAS/ETS) \_\_\_\_\_ Date \_\_\_\_\_

\*Check "Gross" if amount should be grossed up to cover taxes (payee will receive a payment equal to the amount requested). Check "Net" if taxes should be netted from the amount requested (payee will receive requested amount less applicable withholding for taxes).

Revised 4-30-21 ka