

University of Wisconsin-La Crosse Foundation, Inc.

Check Requisition Form

Attach copies of invoices

Date	Check Payable To	Amount	Description

I hereby certify these dollars are being used in accordance with the Fund's intended purpose.

Fund to be charged: _____ Cole Fund - Acct # UD _____

Authorized Department Signature: _____

Foundation Approval: _____
President

Date Paid: _____ Foundation Check #: _____