

**Radford University Foundation, Inc.**

PO Box 6893  
 Radford, VA 24142  
 (540) 831-5525

**Expenditure Request Voucher**

For University Personnel  
 updated 1/17

FO-1

General Description of Request: Chartwells dinner event for Department of Film Date: 8/20/16

Requested by: Pam Sam

RU PO Box: 1111 Phone #: 333-222-4444 RU e-mail address: psam@radford.edu

Payment(s) Expected to: Radford University Sponsored Programs

Purpose and Description	Basis for Estimate	Attached Documentation	Estimated Total	Foundation Fund #:	Charge Account#:
Department of Film Advisory Council business meeting and networking picnic dinner with students on 9/24/16	Chartwell's Function Sheet	Chartwell's Function Sheet List of participants' names Food and Beverage authorization and payment form	\$895.66	32100	7430
Example 1 of 3					
Grand Total - Estimated			\$ 895.66		

**Any special requirements, details, or timing related to the expenditure:**

Send check to: Sally Johnson, Research and Sponsored Programs RU Box 4444

Approved: <input checked="" type="checkbox"/> Disapproved: <input type="checkbox"/>	<i>Pam Sam</i> Originator	8/20/2016 Date
Approved: <input checked="" type="checkbox"/> Disapproved: <input type="checkbox"/>	<i>Connie Joenes</i> Fund Guardian	8/30/2016 Date
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>	<i>Martha Smith</i> Unit Head or Dean of College	8/31/2016 Date
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>	Provost/University Vice-President	Date
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>	University President or Designee	Date

**Basis for Disapproval (if required)**

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**Expenditure Request Voucher**

For University Personnel  
 updated 1/17



General Description of Request: Travel Request for Dr. Joe Turner

Date: 2/4/17

Requested by: Pam Sam

RU PO Box: 1111 Phone #: 333-222-4444 RU e-mail address: psam@radford.edu

Payment(s) Expected to: Dr. Joe Turner

Purpose and Description	Basis for Estimate	Attached Documentation	Estimated Total	Foundation Fund #:	Charge Account#:
Reimb for travel 3-16-17 - hotel, hotel taxes, parking, and personal mileage	M&IE calculator, hotel quote, mileage from Google Maps	Approved Request for Travel and supporting documentation	\$470.00	32100	7430
Grand Total - Estimated			\$ 470.00		

Example 2 of 3

Any special requirements, details, or timing related to the expenditure:

Approved:  Disapproved:  \_\_\_\_\_

Pam Sam 2/4/2017  
 Originator Date

Approved:  Disapproved:  \_\_\_\_\_

Martha Smith 2/10/2017  
 Fund Guardian Date

Approved:  Disapproved:  \_\_\_\_\_

Martha Smith 2/10/2017  
 Unit Head or Dean of College Date

Approved:  Disapproved:  \_\_\_\_\_

\_\_\_\_\_  
 Provost/ University Vice-President Date

Approved:  Disapproved:  \_\_\_\_\_

\_\_\_\_\_  
 University President or Designee Date

Basis for Disapproval (if required)



General Description of Request: Funds to Cover a PR40 for Martha Mint

Date: 6/23/16

Requested by: Pam Sam

RU PO Box: 1111

Phone #: 333-222-4444

RU e-mail address: psam@radford.edu

Payment(s) Expected to: Radford University Sponsored Programs

Purpose and Description	Basis for Estimate	Attached Documentation	Estimated Total	Foundation Fund #:	Charge Account#:
Salary for Martha Mint who will provide clerical assistance and other activities associated with the Phillip Grant for Fall 2016	PR40	PR40	\$1,000.00	32100	7430
FICA for Martha Mint			76.50		
Grand Total - Estimated			\$ 1,076.50		

Example 3 of 3

Any special requirements, details, or timing related to the expenditure:

Approved: <input checked="" type="checkbox"/> Disapproved: <input type="checkbox"/>	<i>Pam Sam</i> Originator	6/23/2016 Date
Approved: <input checked="" type="checkbox"/> Disapproved: <input type="checkbox"/>	<i>Cannie Jaenes</i> Fund Guardian	6/27/2016 Date
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>	<i>Martha Smith</i> Unit Head or Dean of College	7/9/2016 Date
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>	_____ Provost/University Vice-President	_____ Date
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>	_____ University President or Designee	_____ Date

**Basis for Disapproval (if required)**