

Endowment Request Form

Requestor _____ 1 _____ Phone _____ 2 _____

Use this form to request funding transfer or direct spending from an Endowment Fund. Please complete all relevant requested information. The completed form should be forwarded to the appropriate Entity Financial Directors at the George Washington University Medical Center. For more information on the GWUMC endowment process please contact the office of the Associate VP for Health Economics at 994-2137.

AUDITED BY:

SHADED AREAS FOR ACCOUNTS PAYABLE USE ONLY

INVOICE NUMBER	INVOICE DATE	VENDOR#
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REQUESTOR INFORMATION

REQUESTOR NAME: _____ 3 _____ PHONE NUMBER: _____ 7 _____
 REQUESTOR TITLE: _____ 4 _____ DEPARTMENT: _____ 8 _____
 CAMPUS ADDRESS: _____ 5 _____ EMAIL: _____ 9 _____
 APPROVER NAME: _____ 6 _____ APPROVER TITLE: _____ 10 _____

ENDOWMENT INFORMATION

Fund No. _____ 11 _____ Endowment Name: _____ 12 _____
 Purpose of Endowment: _____ 13 _____
 Total Amount of FY Payout: _____ 14 _____

SECTION 1 - PAYMENT REQUEST (Prizes, Scholarships, Invoices, etc.)

ORACLE ALIAS	NATURAL ACCOUNT	DESCRIPTION	AMOUNT
_____ 15 _____			

Are you requesting direct payment from an endowment? Yes No 16
 If yes, please **attach invoice and other support and backup.** 17
 If no, please proceed to Section 2.
 Total Payout requested: _____ 18 _____ Amount of each payment: _____ 19 _____ Number of Payments: _____ 20
 Start Date: _____ 21 _____ End Date: _____ 22 _____ Payee Name: _____ 23
 Payee Address: _____ 24 _____
 Payee GWID _____ 25 _____ GWU Employee? Yes No 26
 U.S. Citizen or permanent resident?(i.e. Green Card holder) Yes No 27
 If No, Nationality _____ 28 _____
 Visa Status: F-1 J-1 J-1 Teacher Other: _____ 29 _____

Please describe why these expenditures are appropriately related to the purpose of this endowment.
 _____ 30 _____

SECTION 2 - FUNDS TRANSFER

Are you requesting funding transfer from an endowment? Yes No 31
 If yes, please indicate the string where you would like the funds transferred:
 Amount: _____ 32 _____ Banner Code: _____ 33 _____ Org: _____ Fund No. _____ Entity: _____ NAC: _____ Fct: _____
 Re-invest to corpus Yes No 34

What expenditures will this funding support?
 _____ 35 _____

Please describe why these expenditures are appropriately related to the purpose of this endowment.
 _____ 36 _____

Please attach any supporting documentation.

APPROVAL SIGNATURE

_____ 37 _____ 39 _____
 Requestor Date Treasury Management Date
 _____ 38 _____ 40 _____
 Vice President for Health Affairs Date Endowment Accountant (sign after enter into EAS/ETS) Date

Endowment Request Form Instructions

Ref#	Description	Definition
REQUESTOR INFORMATION		
1	Requestor Name	Name of the person requesting expenditure from this endowment
2	Requestor's Phone Number	Requestor's campus phone number
3	Requestor Name	Name of the person requesting expenditure from this endowment
4	Requestor Title	Requestor's title
5	Campus Address	Requestor's campus address
6	Approver Name	Name of the person approving expenditure from this endowment
7	Phone Number	Requestor's campus phone number
8	Department	Requestor's department
9	Email	Requestor's email address
10	Approver Title	Title of the person approving expenditure from this endowment
ENDOWMENT INFORMATION		
11	Fund No.	Special Endowment Funding number
12	Endowment Name	Full official name of endowment
13	Purpose of Endowment	Statement of purpose for the specific endowment
14	Total Amount of FY Payout	Total payout of this endowment for the current FY
SECTION 1		
<i>This section is used for Direct Payment only. Direct payments will be sent by GW Supply Chain to recipient. This will be used in the cases of prizes, scholarships, stipends or invoices.</i>		
15	Oracle Alias, Natural Account, Description, Amount	Account information and description of endowment, and amount of payment requested.
16	Direct Payment from Endowment	If you are requesting a direct payment from the endowment a check will be sent directly to the recipient.
17	Support Documentation	Attach all invoices and any support documents.
18	Total Payout Requested	Total payment you are requesting. If periodic payments are to be made, this is the total of all payments to this recipient from this endowment.
19	Amount of Each Payment (if applicable)	If periodic payments are to be made, how much will each of these payments be?
20	Number of Payments (if applicable)	Number of payments to be made.
21	Start Date	If periodic payments are to be made, when will these payments start?
22	End Date	If periodic payments are to be made, when will these payments end?
23	Payee Name	Full name of recipient
24	Payee Address	Address where the check(s) should be mailed.
25	Payee GWID	Recipient's GWID number.
26	GWU Employee	Is the recipient a GW Employee?

27	US Citizen	Is the recipient a US citizen or permanent resident?
28	Nationality	If the recipient is not a US citizen, state their nationality.
29	Visa Status	If the recipient is not a US Citizen, what is the status of their visa?
30	Explanation of Expenditure	Explanation of how these expenditures satisfy the intent of the donor. Explanation should also include how these expenditures are relevant to the teaching/research missions of the Medical Center.
	SECTION 2	<i>This section is for transfers only. The transfers will be made to an accounting string.</i>
31	Transfer from Endowment	Are you requesting transfer from an endowment to a departmental cost center?
32	Amount of Transfer	Total amount to be transferred
33	Accounting String for Transfer (Banner Code, Org, Fund No., Entity, NAC, Fnct.)	What is the complete accounting string to which the funds should be transferred.
34	Re-invest to Corpus	Are you requesting that some or all of the payout be re-invested to the corpus of the endowment?
35	Expenditure Detail	Detail of all expenditures. Budget Form must be completed and attached.
36	Explanation of Expenditure	Explanation of how these expenditures satisfy the intent of the donor. Explanation should also include how these expenditures are relevant to the teaching/research missions of the Medical Center.
37	Signature of Requestor	Signature of the requestor.
38	Signature of the VPHA	Application will not be accepted without the signature of the Vice President for Health Affairs.
39	Signature of Treasury Management	Final form will have signature of Treasury Management.
40	Signature of Endowment Accountant	Final form will have signature of the Endowment Accountant after Endowment Tracking System has been updated.