



Reimbursement Deposit Transmittal

From: _____
(Department)

Date: _____

All checks should be payable to "LSU Foundation" and accompanied by documentation related to the original expense being reimbursed.

***** All deposits containing cash MUST be HAND-DELIVERED to the Foundation Central Office*****

| Reimburser's Name | Account Name OR Project ID/Account Number | Amount |
|-------------------|---|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Submitted by: _____
(Name and Title)

_____ Phone Number

_____ (Signature)

_____ Email Address

Return to LSU Foundation, Attn: Receptionist