

SALISBURY UNIVERSITY
DONATION REQUEST THROUGH ACCOUNTS PAYABLE

Vendor Name:

Vendor Address, line 1:

Vendor Address, line 2:

City, State and Zip Code

SS Number or FEIN:

Employee/Student ID#

Please provide reason for donation:

Donation Amount:

Department/Project(s) (6-digit code) to be charged:

Account (6-digit code from above) to be charged:

Budget Administrator/PI Signature:

Date: _____

Please Return Completed Form to:

**SALISBURY UNIVERSITY
ACCOUNTS PAYABLE, HH-218
PO BOX 2195
SALISBURY, MD 21802-2195**