



**UNIVERSITY OF  
GEORGIA**  
College of Pharmacy

**FOUNDATION CHECK ROUTING FORM**

LOOKUP ID:

REMITTER/DONOR:

FOUNDATION ACCOUNT NUMBER:

FOUNDATION ACCOUNT NAME:

ADDITIONAL INSTRUCTIONS/INFORMATION:

FROM:

DATE:

**Note: All checks along with the routing form are to be delivered to the Business Office.**

**BUSINESS OFFICE USE ONLY**

DATE OF CHECK RECORDED BY BUSINESS OFFICE:

DATE DELIVERED TO FOUNDATION: