

Disbursement Request

Today's Date: _____

MAKE CHECK PAYABLE TO:

Name: _____
Address: _____
Suite/Apt: _____
City: _____ State: _____ Zip: _____

Has a service been performed? Yes No

If yes, have you included a W-9? Submitted Not Submitted

(Must have original invoice/receipts)

Fnd Accountant use only

Invoice Date:	
Invoice Number:	
Amount of Check: \$	
Fund Name :	
Fund #:	
Purpose:	

NO ONE CAN BE HIS OR HER OWN APPROVER FOR PERSONAL REIMBURSEMENT

Signature

Date

Initiator/Project Manager: _____

Budget/ Fund Administrator: _____

VP of Institutional Advancement: _____

How would you like to receive your check? Mail Pick up