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 W9? Submitted •   Not Submitted •

(Must have original invoice   U H F H L S W V)

			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