

## 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)**

**End 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 ☐