

Check Disbursement Form

Payee Name: _____ Document Date: _____
 Mailing Address: _____ Payee's Social Security Number: _____
 _____ (Required for payments to individuals.)

EXPLANATION FOR DISBURSEMENT

REQUESTED BY _____ DATE _____ AUTHORIZED BY _____ DATE _____

ACCOUNTING DISTRIBUTION

Index or Fund-Organization-Account-Program are required. Activity-Location are optional.

Index	Fund	Org	Acct	Prog	Activity	Location	Distribution Amount
	-	-	-		-		\$
	-	-	-		-		\$
	-	-	-		-		\$
	-	-	-		-		\$
	-	-	-		-		\$
	-	-	-		-		\$
Total Approved							\$

INSTRUCTIONS FOR USE:

- This form should only be used to request payment for small prepayments not processed through the Purchasing Office or when an invoice is not available. It is *not* to be used to request payment for individual services rendered, employee expense reimbursements or to vendors for goods or services received.
- Submit the original white (top) copy only to Accounts Payable, 80 Fifth Avenue, 4th Floor, with appropriate supporting documentation attached detailing what the payment request is for.
- If an enclosure must be sent with payment, staple a copy to this form, paper clip the original and check here: ☐
- If you would like payment to be sent other than by first class mail, indicate your request below. You will be charged for alternate delivery methods.

☐ Express Mail Charge to: Fund _____ Org _____ Prog _____

☐ Messenger Charge to: Fund _____ Org _____ Prog _____

☐ Other (Explain): _____