

Check Disbursement Form

| Payee Name: | | | | Document Date: | | | |
|---|---|---|---|---|---------------------|--|--|
| Molling Address. | | | Payee's Social | | | | |
| Mailing Addı | 'ess: | | | Secu | rity Number: (Re | equired for payments to individuals | |
| EXPLANAT | ION FOR DISI | BURSEMENT | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| REQUESTED BY | | | DATE | AUTHORIZED BY | | DATE | |
| | | | | | | | |
| | | | | | | | |
| ACCOUNTI | NG DISTRIBU | TION | | | | | |
| Index <i>or</i> Fun | d-Organization | n-Account-Program | | Activity-Locat | ion are option: | | |
| Index | Fund | Org Acct | Prog | Activity | Location | Distribution Amount | |
| | - | = | - | | = | \$ | |
| | - | = | - | - | = | \$ | |
| | - | - | - | - | = | \$ | |
| | - | - | - | - | | \$ | |
| | - | - | - | | _ | \$ | |
| | - | = | - | - | | \$ | |
| <u>'</u> | | | | Total Approved | | \$ | |
| | | | | | | | |
| This form s or when an expense reiSubmit the | invoice is not a imbursements of original white | used to request pay available. It is <i>not</i> or to vendors for go (top) copy only to A | to be used to r oods or service Accounts Paya | equest payment s received. ble, 80 Fifth Av | for individual | hrough the Purchasing Office services rendered, employee , with appropriate supporting | |
| If an enclos | sure must be se | | taple a copy to | this form, pape | | nal and check here: below. You will be charged | |
| | te delivery met | | an by Hrst Clas | ss man, muicate | your request t | ociow. 1 ou will be charged | |
| Express Mail Charge to: | | | Fund | Org | | Prog | |
| | Messenger | Charge to: | Fund | Org | | Prog | |
| | Other (Explai | in): | | | | | |