New School University
Check Disbursement Form

Payee: _____ **Date:** _____

First Name Last Name

_____

Address Apt./Fl.

_____

City State Zip Code

_____

Payee Social Security Number

(Required for payments to individuals for services rendered)

Explanation for disbursement: _____

_____

_____

_____

_____ _____

Requested By **Date** **Authorized Signature** **Date**

Account Debit Distribution:

_____ - _____ $ _____

_____ - _____ $ _____

_____ - _____ $ _____

_____ - _____ $ _____

Total $ _____

For Accounting Office Use Only:

Acctg. Approval _____

Vendor # _____

Due Date _____

Check # _____

INSTRUCTIONS:

* An abbreviated version of the explanation you provided will appear on the remittance advise of the check. If you have an enclosure which should also accompany the check, please check here ____.

* Checks are normally mailed directly to the Payee. If other arrangements are requested, please explain below:

_____

_____

_____

Forward to Accounting (80 Fifth Ave., 4th fl) with all supporting documentation. Save a copy for your records.