



[District-Clearing]

Office of Administrative Services Disbursement Request Form

(Wait 5-10s)

R _____ - _____

Vendor/Employee W#: _____
Check Payable To: _____
Address: _____
City, State, Zip: _____

Date Received by Administrative Services

Type: Reimbursement | Direct-Pay | Advance

Division/Department

Description (Summarize purpose of request. Itemize only when reasonable.)	Amount

Applicable Fiscal Year		Check Total
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FOAP to be Charged				%	Amount
-	-	-	-		
FUND	ORG	ACCOUNT	PROGRAM		
-	-	-	-		
FUND	ORG	ACCOUNT	PROGRAM		

Check Disposition: Mail to Address Above | Campus Mailbox | To Requestor | _____

Date Required: _____ **Return Copy to:** _____

Requestor (print name) *Date* *Dean (signature)* *Date*

Coordinator/Manager (signature) *Date* *Vice President (signature)* *Date*

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY

Reviewed: _____ Verified: _____ Approved: _____
Administrative Services *Administrative Services Officer* *VP, Administrative Services*

Disbursement: District | Revolving Check Number: _____ Date: _____

Please allow 10 business days for processing. Advances must be closed within 14 days of the event.

Default Check Disposition: Employees – campus mailbox | Vendors – requestor.