



# [Co-Curricular]

## 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

Co-Curricular Fund Name

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:  Check      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.