



# [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.