



[ASB]

(Wait 5-10s)

Office of Administrative Services
Disbursement Request Form

R _____ - _____

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

Date Received by Administrative Services

Type: Reimbursement | Direct-Pay | Advance

Club 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: _____

Club Officer (signature) _____ Date _____ Student Life Director (signature) _____ Date _____

Club Advisor (signature) _____ Date _____ Vice President, Student Services (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 | Clubs – Student Life Office.