

ASB REQUEST FOR DISBURSEMENT

SUBMIT COMPLETED FORM AND ORIGINAL INVOICE/RECEIPTS TO LPC BUSINESS OFFICE. ALLOW 10 DAYS TO PROCESS.

CHECK PAYABLE TO: _____ **1**

DISBURSE TO: _____ **2**

CHECK ONE: **3** Invoice attached Receipts Attached Advance

**Submit receipts with check stub ASAP
(Within 10 working days)**

PAYMENT INFORMATION	4	ORGANIZATION/CLUB NAME	\$ 5
	6	FUND: -ORG- ACCOUNT #	\$ 7
		FUND: -ORG- ACCOUNT #	AMOUNT
		FUND: -ORG- ACCOUNT #	AMOUNT
			CHECK TOTAL

PURCHASE FOR: **8** _____ DATE OF EVENT _____
 EVENT NAME and/or PRODUCT

9 PAYMENT AUTHORIZATION				
	AUTHORIZED CLUB OFFICER	DATE	V. P. ADMINISTRATIVE SERVICES	DATE
	FACULTY/CLUB ADVISOR	DATE	V. P. STUDENT SERVICES	DATE