STUDENT ORGANIZATION ACCOUNTS PAYABLE DISBURSEMENT REQUEST

THIS IS NOT A PURCHASE ORDER AND CANNOT BE USED FOR TRAVEL EXPENSES

Instructions: Please type. All fields are required and must be completed. Incomplete disbursement requests will not be processed. Supporting documentation (receipts, quotes, etc.) must be attached and submitted with the disbursement.

DATE	NAME OF STUDENT ORGANIZATION	FUND CODE	ACCOUNT CODE

NAME AND MAILING ADDRESS OF VENDOR (MAKE CHECK PAYABLE TO)	JUSTFICATION FOR DISBURSEMENT

VENDOR SETUP INFORMATION

☐ Existing Vendor or STC Employee A#: _____ ☐ New Vendor - W9 attached or sent to Purchasing on _____

FINANCIAL MANAGER (PRINT NAME)	FINANCIAL MANAGER APPROVAL SIGNATURE	DATE

STUDENT OFFICER (PRINT NAME)	STUDENT OFFICER APPROVAL SIGNATURE	DATE

STUDENT OFFICER (PRINT NAME)	STUDENT OFFICER APPROVAL SIGNATURE	DATE

FORM PREPARED BY	PREPARER PHONE NO.	EMAIL ADDRESS	DATE

QUANTITY	UNIT (Box, Package, Each)	DESCRIPTION OF ITEMS	UNIT PRICE	TOTAL

GRAND TOTAL

PAYMENT TYPE (SELECT ONLY ONE PAYMENT TYPE)

☐ **Reimbursement** - To reimburse an individual for paid expenses according to attached receipts. Reimbursement checks will be mail be mailed to vendor specified above and cannot be picked up.

☐ **Payment** - To pay for good or services rendered according to invoice attached.

☐ **Prepayment** - To pay in advance for good or services according to attached quote.

I acknowledge that this is a request for prepayment, and a valid receipt will be supplied to the Business Office within 5 working days.

Financial Manager Signature _____

DELIVERY OPTIONS

For Payments and Prepayments only. Select one:

☐ Mail check to vendor specified above

☐ Hold check for pick up by: Name: _____

Phone Number: _____