

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.

| PAYMENT TYPE (SELECT ONLY ONE PAYMENT TYPE)   |  |
|---|--|
| <input type="checkbox"/>  | <b>Reimbursement</b> - To reimburse an individual for paid expenses according to attached receipts. Reimbursement checks will be mailed to be mailed to specified above and cannot be picked up. |
| <input type="checkbox"/>  | <b>Payment</b> - To pay for good or services rendered according to invoice attached.   |
| <input type="checkbox"/>  | <b>Prepayment</b> - 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. |  |
| Agency Manager Signature _____  |  |
| DELIVERY OPTIONS  |  |
| For <u>Payments</u> and <u>Prepayments</u> only. Select One:  |  |
| <input type="checkbox"/>  | Mail check to vendor specified above   |
| <input type="checkbox"/>  | Hold check for pick up by: _____   |
|   | Name: _____  |
|   | Phone Number: _____  |