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				AGENCY WORKTAG	SPEND CATEGORY
NAME AND MAILING ADDRESS OF VENDOR (MAKE CHEKCL PAYABLE TO)				ILICTICICATION FOR	NCDUDGENENT	2300: CY Deposits Held - Other Outflow
NAME AND MAILING AL	DDKESS OF VENDOR (II	MAKE CHEKCL PAYABI	LE TO)	JUSTIFICATION FOR E	JISBUKSEIVIEN I	
VENDOR SETUP INFORM	AATION	_	_			
	or or STC Employee A	 \#:	Nev	v Vendor - W9 attach	ed or sent to Purchasing on _	
AGENCY MANAGER (PR	. ,			APPROVAL SIGNATUR		DATE
STUDENT OFFICER (PRII	NT NAME)		STUDENT OFFICER APPROVAL SIGNATURE			DATE
STUDENT OFFICER (PRIN	NI NAME)		STUDENT OFFICER APPROVAL SIGNATURE			DATE
FORM PREPARED BY PREPARER PHONE N			D. EMAIL ADDRESS			DATE
QUANTITY	UNIT (Box, Package, Each)		DESCRIPTION C	OF ITEMS	UNIT PRICE	TOTAL
					GRAND TOTAL	
				l		
PAYMENT TYPE (SELECT	ONLY ONE PAYMENT	TYPE)				
	ent - To reimburse a specified above and			ding to attached re	ceipts. Reimbursement che	cks will be mailed to
Payment - To p	pay for good or service	ces rendered accord	ling to invoice attac	hed.		
Prepayment -	To pay in advance fo	r good or services a	ccording to attache	d quote.		
I a	cknowledge that this	s is a request for pre	epayment, and a val	id receipt will be sup	pplied to the Business Office	within 5 working days.
DELIVERY OPTIONS						
For <u>Payments</u> and <u>Pre</u>	payments only. Selec	ct One:				
Mail check to vendor specified above						
Hold check for pick up by: Name:						
Phone Number:						