



## REQUEST FOR DISBURSEMENT

Date:

\_\_\_\_\_

Payable To:

\_\_\_\_\_

\_\_\_\_\_

Payee Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip:

\_\_\_\_\_



Mail to Payee



Requestor

Other:

\_\_\_\_\_

Tax ID/SSN:

\_\_\_\_\_

***Tax ID or SSN required when payment is for services provided***

**Reimbursements require original receipts to be forwarded to the Foundation**

Reimbursements do not require Tax ID or SSN for processing

Description:

\_\_\_\_\_

Invoice No. & Date:

\_\_\_\_\_

Amount:

\_\_\_\_\_

Account Code:

\_\_\_\_\_

Account Name:

\_\_\_\_\_

Requested By:

\_\_\_\_\_

Approved By:

\_\_\_\_\_

( Foundation Executive Director )

Check #:

\_\_\_\_\_

Issue Date:

\_\_\_\_\_

MV#:

\_\_\_\_\_

PV:

\_\_\_\_\_