



Disbursement Request

All applicable sections of this form must be completed for prompt processing. Submit request with original signature(s) to Mail Code 2739. Checks are mailed to the payee within 10-14 days of submission.

Date _____

Request No. _____

Fund No. _____

Fund Name _____

Payee/Vendor Name and Address (Home address required for individuals)		Fed ID#
		FSU Employee #
		SSN#
Mail Check To (If different from home address)		Payee Type
Direct Inquiries To	Campus Phone	Payee's Supervisor (If payee is FSU employee)
Detailed Business Purpose and Explanation of Expenses		Total Price
Total		
Explanation of How Expenditure Meets Fund Purpose (Required)		

Payee Certification for Advancement or Reimbursement of Expenses

I hereby certify the foregoing claim for expenses is true and correct. These expenses were (will be) incurred by me to benefit an authorized program of FSU and/or The Foundation and are not subject to payment by any other funding source, unless otherwise indicated herein. I agree to return to the Foundation any portion of these expenses that may be paid by any other funding source. I understand that I must return unexpended funds and/or formally report expenses for which funds are issued in advance.

Payee Signature _____

Signature Approvals for Payment

Responsible Party's approval required to pay compensation to an individual for services rendered and/or for any payment exceeding \$1,000. Supervisory approval is required for payment to or on behalf of an FSU employee. Refer to the Foundation Disbursement Policy & Procedures available under the Accounts Payable Section of the FSU Foundation website at <http://foundation.fsu.edu/about/forms-and-resources> for further requirements.

THE EXPENSES CLAIMED HEREIN ARE AUTHORIZED IN ACCORDANCE WITH THE PURPOSE OF THE FUND BEING CHARGED.

Supervisor: _____ Date: _____

Authorized Signer(s): _____ Date: _____

Responsible Party or Designee: _____ Date: _____

University President (If required): _____ Date: _____

Foundation Approval(s): _____ Date: _____

FOUNDATION ACCOUNTING USE ONLY					
Check	Invoice	Invoice Date	Account Code	Fund Project	Amount
Requisition Total					

Review _____

Disb Supr. _____