



Check Disbursement Form

This form is to be used to request disbursement for expenses from Foundation Funds.

Request Date: _____

Payee Name: _____

Banner ID _____

Mailing Address: _____

Please provide all receipts. If an event, list persons in attendance, detail of event & event brochure.

Date	Description/Attendees	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Print

Signature

 REQUESTOR

 REQUESTOR'S SIGNATURE

Laura Merkl

 APPROVAL, DIRECTOR

 APPROVAL SIGNATURE

Eileen Daniels

 APPROVAL, VICE PROVOST, VP**

 APPROVAL SIGNATURE

Mike Andriatch

 APPROVAL, PRESIDENT, BROCKPORT FDN

 APPROVAL SIGNATURE

**** All requests \$1,000 or greater require the signature of the appropriate Vice President.**

ACCOUNTING DISTRIBUTION:

Fund #	Fund Name	Account #-Account Name	Amount
583.00	Student Travel Awards	2-00-73001-Student Travel Awards	\$ -
			\$ -

Submit with original documentation to:

Melissa Furness
 Brockport Foundation
 305 Allen Administration Building
 Questions: ext. 2667

SPECIAL MAILING INSTRUCTIONS: