

**THE FOUNDATION FOR IUP  
G1 John Sutton Hall  
REQUEST FOR DISBURSEMENT**

DATE OF REQUEST: \_\_\_\_\_

FUND NAME: \_\_\_\_\_

FUND NUMBER: \_\_\_\_\_

**SIGNATURES OF AUTHORIZED FUND AGENT:**  
**\*\* (Must be signed by at least two fund agents to be processed) \*\***

1. PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_

2. PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_

3. PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_

AMOUNT OF DISBURSEMENT: \_\_\_\_\_

FOR INTERNAL USE ONLY											
ACCOUNT				PROGRAM				ACTIVITY			
ADDITIONAL CODING:											
AMOUNT: \$											
AMOUNT: \$											
AMOUNT: \$											
AMOUNT: \$											
FIUP AUTHORIZATION:						DATE:					

ISSUE CHECK PAYABLE TO: (Foundation info: Vendor # \_\_\_\_\_ Document # \_\_\_\_\_)

NAME: \_\_\_\_\_ BANNER ID (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PURPOSE OF DISBURSEMENT: (Be specific. Refer to disbursement guidelines.)**

FORWARD CHECK TO:  Payee listed above, or  Other - Name: \_\_\_\_\_

OR Address: \_\_\_\_\_

WILL PICK CHECK UP - PLEASE CALL WHEN READY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE NOTE:**

- Attach original and 1 copy of all invoices/receipts being paid by this disbursement. Always provide original receipts for disbursements. Payment will NOT be made without proper documentation to support this request.
- Checks are issued every Friday (requests must be in Foundation office by noon on Wednesday each week to be issued by Friday, unless otherwise advised). If checks are not picked up in the Foundation office Friday afternoon, they will be mailed on Monday.
- This request CANNOT be processed without TWO authorized fund agent signatures.