

**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 4:30 pm on Tuesday 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.**