

**TROY UNIVERSITY FOUNDATION**

[www.troy.edu](http://www.troy.edu)

**DISBURSEMENT REQUEST**

\*\*\*ALL SECTIONS OF THIS FORM MUST BE COMPLETED FOR PROMPT PROCESSING\*\*\*

\*\*\*CHECKS ARE MAILED TO THE PAYEE 10-14 DAYS OF SUBMISSION\*\*\*

DATE: \_\_\_\_\_

FUND NAME: \_\_\_\_\_ FUND NO: \_\_\_\_\_ REQUEST NO: \_\_\_\_\_

<b>PAYEE/VENDOR NAME AND ADDRESS</b> <i>(home address required for individuals)</i>		<b>FED ID#</b>
		<b>SOC. SEC.#</b>
		<b>DATATEL VENDOR NUMBER</b> <i>(Fdn use only)</i>
<b>MAIL CHECK TO</b> <i>(if different)</i>	<b>PAYEE IS</b> <i>(mark at least one and all that apply)</i>	
	Troy Student   Non-Resident Alien   Troy Employee   None of These	
<b>DIRECT INQUIRIES TO:</b>	<b>CAMPUS PHONE</b>	<b>PAYEE'S SUPERVISOR</b> <i>(if payee is Troy employee)</i>
<b>DESCRIPTION OF EXPENSES</b>		<b>TOTAL PRICE</b>
		<b>TOTAL \$</b>
<b>EXPLANATION OF HOW EXPENDITURE FITS FUND PURPOSE</b> <i>(Required)</i>		

**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 Troy University 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. Supervisory approval is required for payment to and on behalf of an Troy University employee. Refer to Foundation policy on the web for further requirements [www.troy.edu](http://www.troy.edu)

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

FUND ADMINISTRATOR: _____	DATE: _____
SECOND SIGNER <i>(if required)</i> : _____	DATE: _____
FOUNDATION VICE PRESIDENT: _____	DATE: _____
FOUNDATION PRESIDENT: _____	DATE: _____
FOUNDATION TREASURER: _____	DATE: _____

**FOUNDATION ACCOUNTING USE ONLY**

CHECK NO:	VOUCHER NUMBER	INVOICE NUMBER	GL NUMBER	AMOUNT
DATE:				
			<b>REQUISITION TOTAL</b>	

DATA ENTRY: \_\_\_\_\_ DISB. SUP'R: \_\_\_\_\_ REVIEW: \_\_\_\_\_

SEND COMPLETED FORM ALONG WITH SUPPORTING DOCUMENTATION TO: FOUNDATION ACCOUNTING 241 ADAMS ADMINISTRATION BLDG