



University of North Carolina at Pembroke

DISBURSEMENT REQUEST FORM

DATE:

PAYABLE TO

FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ BANNER ID: _____

U.S. CITIZEN: YES NO

DISBURSEMENT INFO

DISBURSEMENT TYPE: (Select one)

CHECK DIRECT DEPOSIT

HANDLING OPTIONS (Select One)

MAIL HOLD FOR PICK-UP Notify: _____ ext _____

Custom Delivery
Instructions _____

ACCOUNTING

FUND # <small>*Required</small>	ACCOUNT # <small>*Required</small>	AMOUNT (\$USD)

TOTAL AMOUNT REQUESTED

JUSTIFICATION

Please attach receipts to support amount requested

AUTHORIZATION

FUND MANAGER APPROVAL	<small>*Required</small>	Signature: _____
PURCHASING DEPT APPROVAL	<small>*Required</small>	Signature: _____
ACCOUNTS PAYABLE APPROVAL	<small>*Required</small>	Signature: _____

Please obtain Fund Manager and Purchasing Department approval before submitting to Accounts Payable.