

DISBURSEMENT REQUEST FORM

Date: _____

Project #: _____ Project Name: _____

Make Check payable to: _____

SS# or ITIN # _____
(Complete and circle which applies)

Address: _____

Is Individual a USM State Employee?
 Yes No
Is Individual a UMF Employee?
 Yes No

U.S. Citizen Permanent Resident Alien – Expiration Date: _____ (if applicable) NOT a U.S. Citizen

***If payment is to be made to, or on behalf of an individual, information must be provided re his/her citizenship status.*

NO PAYMENT WILL BE MADE IF CITIZENSHIP STATUS INFORMATION IS NOT PROVIDED

Visit our website for information www.usmf.org on Foreign Nationals
or contact USMF for further information

<u>EXPENSE CODE</u>	<u>\$ AMOUNT</u>	<u>EXPENSE CODE</u>	<u>\$ AMOUNT</u>
	\$		\$
	\$		\$
	\$		\$
		TOTAL	\$

*FOR INTERNAL
USE ONLY:*

___ A
___ B
___ C
___ D
___ E
___ F
___ G

(Reminder: Expenditure **MUST** be related to account purpose)
Business purpose(s) for which the check is being requested:

CHECK REQUEST FOR THE CURRENT WEEK WILL NOT BE ACCEPTED AFTER 1:30 P.M. THURSDAY

- Attach original documentation, (i.e., time sheets, invoices, register receipts, charge slips, letters
- All university employees must submit an APPROVED OUT-OF-STATE TRAVEL REQUEST FORM to receive reimbursement or advances for out-of-state travel.
- A W-9 tax form is required for payments made to U.S. citizens, permanent resident alien and organizations for services performed.
- A W-8BEN tax form is required for payment made to non-resident aliens
- **POLITICAL CONTRIBUTIONS ARE PROHIBITED; ANY SUCH REQUEST WILL BE DENIED!**

Requested by: _____
Print or Type Name

Approved by: _____
Print or Type Name

Title: _____

Title: _____

Signature: _____

Signature: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

*NOTE: Signature certifies the propriety of the expenditure
SUPERVISOR APPROVAL IS REQUIRED FOR TRAVEL OR ENTERTAINMENT REIMBURSEMENT*