University of Pittsburgh

DISBURSEMENT REQUEST

PROCEDURE 05-06-03

Please type or print clearly. Do not complete shaded areas.

PAYEE

UNIVERSITY EMPLOYEE ☐ Yes ☐ No

TAX IDENTIFICATION NO.

ENCLOSURE ☐ Yes ☐ No

If non-resident alien individual or entity, check here ☐ and enter country of residency.

Country of residency:

If claiming tax exemption, check form attached: Form 8233 ☐ Form 1001 ☐ Form 4224 ☐

FIRST ADDRESS LINE

SECOND ADDRESS LINE

CITY | STATE | ZIP CODE / FOREIGN COUNTRY

PURPOSE OF PAYMENT

REQUESTED BY (PRINT NAME) | DEPT / ROOM / BLDG | EXT.

REQUESTED BY (SIGNATURE) | DATE

APPROVED BY - (PRINT ADMINISTRATOR'S NAME AND TITLE) | EXT.

APPROVED BY - (ADMINISTRATOR'S SIGNATURE) | DATE

AUDIT APPROVAL | VENDOR NO. | FILING NUMBER

DUE DATE | INVOICE NO. | INVOICE DATE

ACCOUNT NUMBER	AMOUNT

TOTAL TO BE PAID $

GENERAL INFORMATION

1. For University policy on approved uses of a disbursement request, refer to Policy 05-06-03.
2. A contract and/or other supporting documentation must accompany a disbursement request for honorarium and consulting payments.
3. Submit the disbursement request to Accounts Payable for all accounts.
4. A social security number and complete home address are required for any payments made to an individual.
5. All checks will be mailed directly to the payee unless the Controller has approved a written request from the Account Administrator for a justifiable exception to this policy.
6. Attach accompanying documents as follows:
   - Staple original invoices and/or other supporting documents to the back of the disbursement request. Provide photocopies of any supporting documents that are to be enclosed with the check.
   - Attach any enclosures accompanying the check to the front of the request with a paper clip.

FORMS INSTRUCTIONS

Enter the following information in the following blocks:
- Payee's name.
- Payee's University enployment status (Yes / No).
- Payee's tax identification number.
- Payee's complete address.
- Brief description of payment within "Purposes of Payment" section. If the payment is for food services, indicate the purpose of the event and submit a guest list of names and business affiliations.
- Check "Enclosure" "Y" box if material is to accompany the check.
- Print "Requested By" name, department, campus address, telephone extension, and date of request and sign.
- Print Account Administrator's name, title, and extension.
- Account number and amount charged. If payments are split among 5 or fewer accounts, enter the account number and the amount charged to each account.
- Total to be paid.
- Obtain the approval signature of the Account Administrator and date of signature.

FORM 0014 (7/97)

Print

Clear all fields