WEST LIBERTY UNIVERSITY FOUNDATION

**REQUEST FOR DISBURSEMENT**

**DATE OF REQUEST:**

**FUND NAME:**

**FUND NUMBER:**

**SIGNATURE OF FUND MANAGER:**

**SIGNATURE OF IMMEDIATE SUPERVISOR:**

#### AMOUNT OF DISBURSEMENT:

####

**ISSUE CHECK PAYABLE TO:**

 **CHECK IF YOU ARE A WLU EMPLOYEE**

**PURPOSE OF EXPENDITURE:** Be specific. Refer to disbursement guidelines. Words such as travel, books, speeches or food do not adequately describe the purpose of the expenditure. Disbursement must be for a purpose described on the “Establishment of Fund” form or grant award letter. **Note:** **Backup receipts must be attached to this disbursement request.** If the purpose of the expenditure involves travel, you must turn in receipts associated with the trip, including money spent on meals. Please allow at least two weeks from the time that you request payment until the check is available. **Checks for stipends or compensation will not be disbursed until appropriate payee information, including address and social security number, are received.**

**FORWARD CHECK TO:**

 X **Payee Listed Above**

 **Other**

 **Name:**

 **Address:**

**PLEASE NOTE:**

 **Attach all invoices being paid by this disbursement.**

 **This request cannot be processed without two signatures.**