

FOUNDATION

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Date: _____

AUTHORIZATION OF DISBURSEMENT

Fund: _____ Fund No: _____

Pay to the Order of:

NAME: _____ Amount: _____

ADDRESS: _____

Please check box if: Student: _____ Employee: _____ W9 attached _____

Purpose of Expenditure:

_____ Event: _____

RECEIPT(S) OR INVOICE(S) MUST BE ATTACHED TO DISBURSEMENT FORM

Fiscal Officer Signature: _____

Fiscal Officer Name: (Print or Type) _____

Department: _____

Proprietary Signature: _____

Proprietary Name: (Print or Type) _____

Office of Foundation
Administration Approval: _____

Constance Collins / Jenell Wright

Date

FOUNDATION USE ONLY

Check# _____ Account: _____ 990: _____ B/C: _____

Date Paid: _____ Balance: _____

Send disbursements or any questions to siueffinaff@siue.edu. Originals can be mailed to Campus Box 1082.