



WESTERN CONNECTICUT STATE UNIVERSITY

DISBURSEMENT FORM

Revised: 09/08

PAYEE INFORMATION:

Payee Name:
SS#, FEIN # or Banner ID#:
Address:
City, State Zip:
Telephone #:
Fax #:

State Employee: Yes No
1099 Reportable: Yes No

PURPOSE: (Check one)

- Personal Service Agreement/Honorarium - PSA #:
Final Payment? Yes No
Membership/Subscription
Refund/Reimbursement* (sales tax cannot be reimbursed)
Food Reimbursement** (see note below)
Other - (specify):

** For food reimbursement; attach written prior approval and itemized original receipt with a list of the names of the individuals who were in attendance on the back of the receipt. Alcohol expenses cannot be reimbursed. See Expense & Refreshment Policy for further information.

REASON FOR PAYMENT:

Reason for payment lines

FUNDING INFORMATION:

Table with 4 columns: Banner Fund, Banner Organization, Banner Account, Amount

APPROVAL:

Financial Manager Signature Date
(Your signature certifies that goods were received and/or services were rendered.)

*Supervisor Signature Date
(Required for payments or reimbursements on behalf of Financial Manager.)