



# WESTERN CONNECTICUT STATE UNIVERSITY

## DISBURSEMENT FORM

Revised: 03/24

### PAYEE INFORMATION:

Payee Name: \_\_\_\_\_

SS#, FEIN # or Banner ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

State Employee: ☐ Yes ☐ No

1099 Reportable: ☐ Yes ☐ No

### REASON FOR PAYMENT:

### FUNDING INFORMATION:

Banner Fund	Banner Organization	Banner Account	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### APPROVAL:

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

### PURPOSE: (Check one)

☐ Personal Service Agreement/Honorarium - PSA #: \_\_\_\_\_

Final Payment? ☐ Yes ☐ No

☐ 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.

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