



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

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.

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.)

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