

INSTRUCTIONS

Authorization for Disbursement Form

This form is to be filled out by Department or Payee (person requesting payment)
Forms can be obtained from the Foundation (F.G. Clark Administration Bldg, 3rd Floor)

Direct Disbursement Requests are processed weekly and are due every Wednesday by 5:00 p.m.
Checks are available for pick up the following Thursdays after 12:00 p.m. noon.

Item on Report	Description
Date	Enter date form submitted
Account Name	Enter the name of the fund for payment
Payee Vendor Name/ Address	Enter the name of the payee or vendor and the address
Special Instructions	List any special instruction for this request (i.e. Please hold for pick-up)
Contact Person	Person responsible for the Disbursement
Social Security #	Enter the Social Security Number of Payee/Individual
Department	Enter the Department of the Contact Person
EXT.	Enter the extension of the Contact Person
Vendor's Tax ID #	Enter the Tax ID number for the Vendor /Business
Campus Address	Enter the Campus Address of the Contact Person
Invoice #	Enter the invoice number of the item or service –located on the receipt.
Description/Purpose	Describe the item being purchased or service rendered. List each item separately
Total Cost	List the cost of each item
TOTAL	Enter the total of all the item(s) listed
Authorized Account Administrator & Date	Must secure the signature of the Authorized Account Administrator
Authorized Dean /Director & Date	Must secure the signature of the Authorized Dean or Director
President/Chancellor & Date	Must secure the signature of the Authorized President or Chancellor President
Officer of the Foundation/Designee & Date	This signature will be provided by the Foundation when the request is completed, supported by documentation, has appropriate signatures, and sufficient funds.
Foundation Accounting Use Only	To be completed by Foundation Staff
**Date Stamped	This form must first be date stamped by the Foundation (F.G. Clark Adm. Bldg, 3rd Floor) and then it will be submitted to our Foundation Staff for processing. Authorization for Disbursement Requests are processed weekly and are due every due every Wednesday by 5:00 p.m. Checks are available for pick up the following Thursdays after 12:00 p.m. noon.



Southern University System Foundation

3rd Floor, J.S. Clark Administration Building

Post Office Box 2468

Baton Rouge, Louisiana 70821-2468

Phone #: (225) 771-3911

Fax #: (225) 771-3242

AUTHORIZATION FOR DISBURSEMENT

INSTRUCTIONS: Forward completed disbursement form to the Foundation Office: 3rd Floor, J.S. Clark Administration Building. **Vendor Tax ID # or Individual's Social Security # is required.** Please attach original invoices, receipts, and other required documentation.

DATE:		ACCOUNT NAME:	
PAYEE/VENDOR NAME & ADDRESS:		SPECIAL INSTRUCTIONS	
		CONTACT PERSON:	
Is Payee a SU Employee?	YES NO	DEPARTMENT:	
SOCIAL SECURITY#:		CAMPUS ADDRESS:	
VENDOR'S TAX ID #:		EXT:	
INVOICE#:	DESCRIPTION/PURPOSE		TOTAL COST
TOTAL			\$

SIGNATURE APPROVAL

I hereby certify or affirm the following: The above expenses are (were) actually incurred in accordance with the documented purpose of the fund being charged and serve to benefit an authorized program of Southern University & A&M College System. None of the above expenses have been paid by any other funding sources. If any of the above expenses are reimbursed by any other funding source, the reimbursement will be immediately forwarded to the Southern University System Foundation for credit to the fund charged herein.

Authorized Account Administrator or Requestor _____ Date _____

Authorized Dean [] Director [] _____ Date _____

Chancellor [] _____ Date _____

President [] _____ Date _____

Foundation Approval:
 Foundation Officer [] Business Manager [] _____ Date _____

Foundation Use Only

	Date Paid		Account #		Amount
Check #:					
Check Date:					
Received by:					
				TOTAL:	\$
Bank Name:			ADVANCE/LOAN	()	Date Repaid: