

Southern University System Foundation

3rd Floor, J.S. Clark Administration Building

Post Office Box 9562

Baton Rouge, Louisiana 70813

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:	
S Number:		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/Foundation Officer [] _____ Date _____

President [] _____ Date _____

Foundation Approval:

Foundation Officer [] Business Manager [] _____ Date _____

Foundation Use Only

	Account #		Date Paid		Amount
Check #:					
Check Date:					
Received by:					
Verified by:		TOTAL:			\$
Bank Name:		ADVANCE/LOAN		()	Date Repaid:
Funds Available: ____ Yes ____ No					