

# SOUTHERN FOUNDATION

## Disbursement Policy and Authorization for Disbursement Form

*Disbursement requests are processed bi-monthly. All disbursement documentation is due by the **10th** of the month for ACH/EFT deposit on the **15th**; and by the **24th** of the month for ACH/EFT deposit on the **30th**. In the event the **10th** or the **24th** falls on the weekend and/or holiday, all disbursement documentation and/or ACH/EFT deposits will be due or transmitted on the Friday preceeding the weekend and/or holiday.*

1. The department/administrative office requesting payment must submit an authorization for disbursement form to [accountspayable@suttrueblue.org](mailto:accountspayable@suttrueblue.org) The following must accompany the completed disbursement form:
  - Signature of the authorized account administrator/requestor, dean or director, and chancellor or president
  - Precise description of all expenditures
  - Invoice number
  - Original vendor invoices
  - Original expense receipts for reimbursement with document showing proof of payment
  - All supporting documentation necessary to demonstrate that the expenditure meets
  - Foundation guidelines and/or donor intent, i.e., contracts, MOU's, donor agreements, etc.
2. All disbursement requests **MUST** have a completed ACH/EFT form.
3. All disbursement requests **MUST** be emailed to [accountspayable@suttrueblue.org](mailto:accountspayable@suttrueblue.org).

# SOUTHERN FOUNDATION

## AUTHORIZATION FOR DISBURSEMENT FORM

DATE \_\_\_\_\_

INSTRUCTIONS: Forward completed disbursement form to: [accountspayable@suttrueblue.org](mailto:accountspayable@suttrueblue.org)  
 Vendor Tax ID # or Individual's Social Security # is required. Please attach original invoices, receipts, contracts, etc.

DATE:		ACCOUNT NAME/NUMBER	
PAYEE/VENDOR NAME AND ADDRESS		SPECIAL INSTRUCTIONS	

		CONTACT PERSON:	
IS PAYEE AN SU EMPLOYEE?	___ YES ___ NO	DEPARTMENT:	
S NUMBER:		CAMPUS ADDRESS:	
VENDOR'S TAX ID#:		TELEPHONE 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 and 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 \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager \_\_\_\_\_ Date: \_\_\_\_\_

### FOUNDATION USE ONLY

	ACCOUNT #	DATE PAID	AMOUNT
CHECK #			
CHECK DATE			
RECEIVED BY:			
VERIFIED BY:			
TOTAL:			
BANK NAME: _____		ADVANCE/LOAN ( )	DATE REPAYED _____
FUNDS AVAILABLE: ___ YES ___ NO			

# SOUTHERN FOUNDATION

## AUTHORIZATION FOR ACH/EFT

DATE \_\_\_\_\_

By executing this document, I authorize the Southern University System Foundation to deposit all payments into the account listed below. Attached to this form are a completed authorization for disbursement form and supporting documentation; e.g., original invoices, original receipts, contracts, etc.

### PAYEE INFORMATION (Please Print)

### BANK INFORMATION (Please Print)

\_\_\_\_\_  
**Organization or Individual Name**

\_\_\_\_\_  
**Bank Name**

\_\_\_\_\_  
**Taxpayer Identification#**

\_\_\_\_\_  
**Branch Address**

\_\_\_\_\_  
**Address Line 1**

\_\_\_\_\_  
**City**

**State**

**Zip**

\_\_\_\_\_  
**Address Line 2**

\_\_\_\_\_  
**Bank Routing Number (ABA#)**

\_\_\_\_\_  
**City**

**State**

**Zip**

\_\_\_\_\_  
**Checking Account Number**

\_\_\_\_\_  
**Area Code and Telephone Number**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**E-Mail Address**

\_\_\_\_\_  
**Date**