

**UNIVERSITY OF LOUISVILLE**

**REQUEST FOR DISBURSEMENT**

**OFFICE OF THE CONTROLLER**

<b>VENDOR OR PAYEE'S COMPLETE MAILING ADDRESS</b>   	Department Name: _____  Department Contact: _____  Department Phone: _____ /EMAIL _____
<b><u>PS Vendor Number:</u></b>  _____  <b>Date:</b> _____	<b>SPECIAL INSTRUCTIONS:</b>   
<b><u>Line Description Information:</u></b> (For entertainment: Who/What/When/Where)	<b><u>AMOUNT</u></b>
<b><u>TOTAL</u></b>	

SPEED TYPE	ACCOUNT	REIMBURSEMENT AMOUNT

Please check if attachment should accompany check to the vendor

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE (REIMBURSEMENTS ONLY)** **TITLE**

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE** **SUPERVISOR PRINTED** **TITLE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE** **AUTHORIZED PRINTED** **TITLE**

\_\_\_\_\_  
**DEPT. HEAD SIGNATURE (ENTERTAINMENT ONLY)** **DEPT. HEAD PRINTED** **TITLE**