

UNIVERSITY OF LOUISVILLE

REQUEST FOR DISBURSEMENT

OFFICE OF THE CONTROLLER

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

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**