

UNIVERSITY OF LOUISVILLE

REQUEST FOR DISBURSEMENT

OFFICE OF THE CONTROLLER

Student ID # _____ Employee ID # _____ Other _____
 (Please complete one)

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