

UNIVERSITY OF LOUISVILLE

REQUEST FOR DISBURSEMENT

OFFICE OF THE CONTROLLER

Please complete one:

Student ID # _____ Employee ID # _____ Other

VENDOR OR PAYEE'S COMPLETE MAILING ADDRESS 	Department Name: _____ Department Contact: _____ Department Phone: _____/EMAIL: _____
<u>PS Vendor Number:</u> _____ Date: _____	SPECIAL INSTRUCTIONS: FOR CONTROLLER'S OFFICE USE ONLY
<u>Line Description Information:</u> (Please be specific with the purpose of the purchase. For entertainment, include who, what, when, and where)	<u>AMOUNT</u>
<u>TOTAL</u> (This amount needs to equal the bottom amount field)	

SPEED TYPE	ACCOUNT	AMOUNT

Please check if attachment should accompany check to the vendor

EMPLOYEE'S SIGNATURE (REIMBURSEMENTS ONLY)	TITLE
SUPERVISOR'S SIGNATURE	SUPERVISOR PRINTED
AUTHORIZED SIGNATURE	AUTHORIZED PRINTED
	TITLE