

Staple Here*

**REED COLLEGE
DISBURSEMENT REQUEST**

PAYEE NAME:		DATE:	PAYMENT DUE DATE:
ADDRESS: <input type="checkbox"/> New address? <input type="checkbox"/> New Vendor?		SPECIAL HANDLING <input type="checkbox"/> HOLD check @ Cashier For:	RUSH? <input type="checkbox"/> Check needed by: Date: Time:

Please fill in Amount, Account No., and Description:

AMOUNT	FUND/INDEX	ACCOUNT NUMBER		ACTIVITY CODE	IRIS DESCRIPTION <small>16 characters max.</small>	VENDOR INVOICE #
		ORGN	ACCOUNT			

PURPOSE OF PAYMENT:	TOTAL <input type="checkbox"/> ACH direct deposit <input type="checkbox"/> By check <input type="checkbox"/> Cash under \$75.00	If this is a payment for services (honorarium, consulting, etc.) to an individual who may not be on our master file, please have the payee submit a W9.
		SS/TAX ID #

BUSINESS OFFICE USE ONLY	
Vendor #:	

Departmental Approval Signature:	Date:	Business Office Approval:	Date:	Address Type:	Sequence #:
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Departmental Approval Name Please Print:	Doc. #	/ H
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Receipt for Cash Amount:	Payee Signature:	Date:	Cashier's Initials:	Grouping indicator: I 1099 Income Type:
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*Staple supporting documents, receipts or invoices to the back of this form. Paper clip items to be mailed with the check.			Completed? N Y	Check Vendor #:
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