UNIVERSITY OF THE DISTRICT OF COLUMBIA FOUNDATION, INC.

Request for Disbursement

Name of Fund: Go Firebird Fund Account Balance: $25,000 (email if unsure)

Item Description	Date	Purpose	Participants (if applicable)	Amount
Conference Registration	4/5/24	Leadership educati	PI & lead instructor	450.00
Catering - Kickoff event	6/1/24	Events	Workshop instructor	1150.00
Workshop supplies	6/1/24	Grant writing work	Workshop attendees	265.21
			Total $	1865.21

Original receipts, invoices, quotes or other supporting documents are required for all disbursement requests.

Make payment payable to (include email): Reimbursee or vendor name

Provide address regardless because banks often reject epayment for lack of one.

Please provide address for payment by check.

Routing #: 05******** Account #: 1000********

Please provide routing and account numbers for e-payment.

A completed Form W-9 is required for all vendor/student/staff service payments. Scholarship payments and reimbursement requests do not require a W-9.

Fund Manager: D. Fund Manager

signature (print & sign)

Date: June 25, 2024 Contact No.: 202.274-1000

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