UNIVERSITY OF THE DISTRICT OF COLUMBIA FOUNDATION, INC.

Request for Disbursement

Name of Fund: _____ Account Balance: _____

Item Description	Date	Purpose	Participants (if applicable)	Amount
				$
			Total $	

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

Make payment payable to (include email):

_____

_____

Please provide address for payment by check.

Routing #: _____ Account #:_____

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**:** _____

signature (print & sign)

Date:_____ Contact No.: _____

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