

Student Organization Disbursement Request Form

*Please allow 10 to 14 business days from the time the fully completed and approved request form is received in the Lowry Center Director's Office to receive payment or purchase order number.

Organization Name _____	Please circle one: 58040 Campus Council Expense 58030 Organization Generated Funds 81002 Council Transfer Out _____ Organizational Transfer Out
Account Number to be Charged 12-52- _____	
Treasurer's Name _____	
Email _____@wooster.edu	Phone Extension _____ Box# _____

Distribution Information:

Total Amount of Disbursement \$ _____

What is the Reason for Purchase? _____

Vendor/Payee Information: (Please provide as much info as possible; incomplete information may delay processing)	
Purchases of Goods & Services: Name of Payee _____ Contact Person _____ Address _____ _____ Phone _____ Fax _____ Email _____ Federal Tax ID # _____	Student Reimbursement of Expense: Name _____ Box # _____ Phone Extension _____ Email _____@wooster.edu COW ID # _____
College Faculty/Staff Reimbursement: Name _____ Department _____	
Transfer to Other Organization or Department Account Name: _____ Account #: _____	

Approval Signatures Required:

Signature of Treasurer _____ Date _____
(signature)

President (if over \$50) _____ Date _____
(print name) (signature)

Advisor (if over \$100) _____ Date _____
(print name) (signature)

*Please attach all supporting information & documentation (i.e. original receipts, contract, estimate, etc.)

Received _____	For Office Use Only:
PO# _____ Date _____	Requisition Entered _____ # _____
	Received in Datatel System on _____