

CCSU Foundation, Inc.

PO Box 612, New Britain, CT 06050

Disbursement Order

Rev.1/2022

Date: _____

TO: Treasurer, CCSU Foundation, Inc.

Please prepare a disbursement in the amount of: _____

Payee: _____

Address: _____

City: _____ State: _____ Zip: _____

Against invoice #: _____ which is attached hereto.

Designated Fund: _____

Purpose:

I certify that the above expenditure is properly due, has not been paid, and has been incurred for approved Foundation purposes.

Name of Fund Administrator

Name of Supervisor

(Supervisor's name is required if Payee is the Fund Administrator)

Signature of Fund Administrator

Approval of Supervisor

(Supervisor's signature is required if Payee is the Fund Administrator)

Individuals claiming reimbursements of expenses must submit a **Reimbursement of Expense Report** with Disbursement Order and attach receipts or other supporting documentation.

Payments of stipends or honoraria must be accompanied by a signed personal services agreement with social security number, invoice or other supporting documentation.

*Please send signed Disbursement Order with documentation attached to:
CCSU Foundation Accounts Payable: foundationap@ccsu.edu. Keep a copy for your records.*

Prepared By (if different from Fund Administrator)

Phone Number