



Central Connecticut State University Disbursement Form

Disbursement Type

Check One:

Payment for PSA # _____

Final Payment? Yes No

Refund/Reimbursement

Payment for Services less than \$5,000

Membership/Subscription Payment

Stipend Payment

Honorarium Payment

Other: _____

Payee Information

Name: _____

FEIN # or Banner ID
(REQUIRED) _____

Address: _____
(Payee's home/business address, not department address at CCSU)

Is the Payee a current state employee? **Yes** **No**

Disbursement Information -Please provide detailed information

Please note: If using the Disbursement Form only to pay a PSA, I understand that I am responsible for ensuring compliance with State and Federal laws, University policies, and that this payment is not for temporary office or other bargaining unit work. I have paid particular attention to the appropriate use of independent contractors. I also understand that audit questions will be referred to me for response. I certify that the services on the above referenced PSA have been rendered and I authorize payment in the amount specified below. (Specific Services for PSA's must be listed below when a PSA Form (CO-802A or CCSU-802A) was not submitted). If I am a project Director and I am picking up a guest speaker or entertainer's check prior to the performance, I certify that I will not allow the check to be released until the services have been satisfactorily provided to CCSU. In the event this does not occur, I agree to return the check to the Business Office the next business day.

REQUIRED: Please indicate the date(s) the service was performed. List the Start and End Dates for subscriptions/memberships/licenses:

The University cannot guarantee reimbursement without the requester attaching proof of purchase, the vendor's invoice, and an appropriate business purpose for the expense, in accordance with State and University Policies and Regulations.

Requestor's/Project Director's Signature: _____ Date: _____

Funding Information

Banner Index	Banner Account	Amount	Budget Authority Printed Name	Budget Authority Signature	Date
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____

Grant Funding Approval

All use of grant funds **MUST** be approved by the Grant's Office:

Date: _____