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Check Disbursement Request

Prepared by (name)
Department

Phone #
Request date

This request for payment (must check one on each line):

- YES NO is any of this payment to be reimbursed to the UO Foundation? Amount
- YES NO for lobbying expenses? Amount
- YES NO to any officer or employee of the University of Oregon or UO Foundation
- YES NO to any student of the University
- YES NO for travel, meals, or entertainment (attach Travel & Entertainment Log)
- YES NO to or on behalf of a foreign national (call in advance for instructions 302-0292)

NOTE: If payment is for awards, scholarships, honorariums, moving expenses, rent, or professional services, a home address and social security number, or employer ID number must be provided.

Vendor ID
(leave blank)

Payable to (name)
Address (street)
Address (city, state, zip)
SSN or Employer ID #

Disposition of check Mail to payee Department: Building:
 Campus mail to payee

Description of expense

Double click to access the table below. If additional rows are needed, use the Insert menu, then manually expand the field by clicking and dragging down the lower edge to make sure all rows show and print appropriately.

Account name	Account #	GL #	2nd Ref	Amount	Invoice #	Invoice date
Customer ID	Total:			\$ -		

I attest that this request is consistent with all restrictions on the use of this fund. To the best of my knowledge, payment of this expense is legitimate and has/will not be made from any other source of funds.

Authorized signer

Date

Authorized signer

Date

UO Foundation Processing

1099 Code	Date received
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