



WESTERN CONNECTICUT STATE UNIVERSITY

DISBURSEMENT FORM

Revised: 03/24

**PAYEE INFORMATION:**

Payee Name: \_\_\_\_\_  
 SS#, FEIN # or Banner ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

State Employee:  Yes  No  
 1099 Reportable:  Yes  No

**PURPOSE: (Check one)**

- Personal Service Agreement/Honorarium - PSA #: \_\_\_\_\_  
 Final Payment?  Yes  No
- Refund/Reimbursement\* (sales tax cannot be reimbursed)
- Food Reimbursement\*\* (see note below)
- Other - (specify): \_\_\_\_\_

\*\* For food reimbursement; attach written prior approval and itemized original receipt with a list of the names of the individuals who were in attendance on the back of the receipt. Alcohol expenses cannot be reimbursed. See Expense & Refreshment Policy for further information.

**REASON FOR PAYMENT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FUNDING INFORMATION:**

Banner Fund	Banner Organization	Banner Account	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPROVAL:**

\_\_\_\_\_  
 Financial Manager Signature Date  
 (Your signature certifies that goods were received and/or services were rendered.)

\_\_\_\_\_  
 \*Supervisor Signature Date  
 (Required for payments or reimbursements on behalf of Financial Manager.)