

Disbursement/Reimbursement Request

Grant PPID:

Date:

Requested by:

Email:

Phone:

Grant Authorized Signature:

This signature certifies that these expenditures are allowable under the terms of the grant, institutional policy, and state and federal rule, as applicable, allocable to the grant, and not being charged to any other grant.

Type This is a reimbursement: Yes
No

Vendor & Address		
Description	Category	Amount ¹
Other estimated charge (e.g. shipping & handling) ²		
¹ Attach supporting documentation, such as url or written quote ² If the invoiced amount exceeds this value, the requestor will be contacted for approval		

Tracking	Number
PO	
Invoice	
Check	

For RASP Use	
Authorization:	
Authorization Date:	
Notes	