



REQUEST FOR DISBURSEMENT

217 Governor's Building Mid City Campus

Date Of Request: _____
 Requestor: _____
 Requestor Dept: _____
 Requestor Phone: _____

Account Number:	
Account Name:	
Amount:	
ISSUE PAYMENT TO	
Name/Vendor:	
Address:	City:
State	Zip
AMOUNT OF DISBURSEMENT:	\$

Is this person a FT BRCC Employee Yes or No Is this a reimbursement? Yes or No

CHECK THE FOLLOWING:

- Mail Check
- Pick up Check
- Direct Deposit

- If you are requesting Direct Deposit for the first time, please complete the "Authorization for Direct Deposit" form located on the Foundation website under forms.
- If you are requesting payments to an individual or vendor for the first time, please attach a completed W-9 form located on the Foundation website under forms.

PURPOSE OF DISBURSEMENT:

(Be specific and include who, what, when and why. Must align with fund purpose. Include invoice number when applicable).

DESCRIPTION AND BUSINESS PURPOSE

	TOTAL
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INSTRUCTIONS

- Complete disbursement request and obtain the required authorized fund signatures.
- Gather supporting documentation including all invoices and receipts.
- **Submit completed form and all supporting documentation electronically to: foundationaccounting@mybrcc.edu**
- Please Note:**
- Forms that have been completed using Adobe e-sign are acceptable.
- Payment will NOT be made without proper documentation to support this request.
- Requests CANNOT be processed without the required authorized fund agent signatures. Authorized signatures cannot be the same as payee.
- Requests are typically processed within 7-14 business days.
- Unless otherwise indicated, checks will be mailed directly to all individuals, businesses, and organizations.
- Faculty/Staff can pick up their check at 217 Governor's building. Payee will be notified when check is ready. If a check is not picked up within one week, it will be mailed to the address on the check.

SIGNATURE APPROVAL:

I CERTIFY THE FOLLOWING: The above expenses incurred are in accordance with the documented purposes of the fund charged as well as the policies and procedures established by the Baton Rouge Community College Foundation. None of the above expenses have been paid by any other funding source. The undersigned acknowledges that the Foundation will rely upon certification made herein on behalf of the College.

Requestor / Account Manager / Coach (Sign & Print)	Date
Dean / Athletic Director / Assistant Vice Chancellor / Vice Chancellor (Sign & Print)	Date
Assistant Vice Chancellor / Vice Chancellor / Chancellor (Sign & Print)	Date

INTERNAL USE ONLY:

Date Sent to Acct _____ Processed By _____

Disbursement # _____ Notes _____

Project # _____

Payment Type _____

Budget # _____