KSUF-5 Disbursement Request Form

KANSAS STATE UNIVERSITY
FOUNDATION

2323 Anderson Ave. Ste. 500 • Manhattan, KS 66502-2911
785-532-6266 • 800-432-1578 • www.found.ksu.edu

Print Form

DATE December 31, 2010

PAYEE Information

WHO:

Payee Name: Postal Prep

Payee Address:

FEIN# or SSN:

☒ Vendor Info on File

☐ W-9 Attached

Provide Invoice # or Cust #:

See Instructions for more information

PURPOSE/JUSTIFICATION OF EXPENSE

WHAT/WHERE: Describe purchase, i.e. office supplies,event, equipment, rental, catering, etc.

Postage

WHEN: Provide Date purchase made or service to be rendered

12/15/2010

WHY: Explain why the expenditure benefits KSU. For hospitality events provide list of attendees and their title in the space below or on an ATTACHMENT.

Stamps purchased for departmental use. Also paid shipping charges to send lab samples to ABC laboratories for special testing as a part of Dr. Alpha's research.

ACCOUNT INFORMATION/ AMOUNT

Accounting code (optional)	Fund # (req'd)	Fund Name (required)	Amount
	CXXXXX	Chemistry General	$70.00
	CXXXX1	Chemistry Research	$70.00

This amount should agree to attached Invoice----------TOTAL AMOUNT $140.00

College Approval Section (to be used if College has additional approval procedures)--**NOT** required by the Foundation.

Requested by Name/Title _____ Signature _____

Approved by Name/Title _____ Signature _____

PAYMENT APPROVAL

I certify to Kansas State University Foundation that these expenses are valid, for the benefit of Kansas State University, and in accordance with donor instructions as documented in the FUND's MOU or appropriate correspondence. I also certify that reimbursement for these expenses is not being requested from another source.

_____ Signature _____ Date

Dr. Charlie Delta, Department Head
Name & Title

CONTACT NAME

☐ Call for Pickup ☒ Return Ck To:

Name:	Suzie Accountant
Dept:	Chemistry
PH Number	2-5555
Address	123 Able Hall