

# The City College of the City University of New York

## Non Tax Levy Entity Disbursement Requisition Form

Document No. \_\_\_\_\_

Date \_\_\_\_\_

Name of Account: \_\_\_\_\_

Requesting Dept. \_\_\_\_\_

Building/Office # \_\_\_\_\_

Prepared By: \_\_\_\_\_ Ext/Phone \_\_\_\_\_

Disbursement Requested From:

- 21st Century Fdn
- AEC
- CC Bursar Special
- Trusts & Gifts
- Other \_\_\_\_\_

Type of Payee \_\_\_\_\_

Check Payable To \_\_\_\_\_


Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

- Mail Check to Payee
- Dept. pick up Ext # \_\_\_\_\_
- Bursar-Scholarships
- Other \_\_\_\_\_

Expenditure Account Number (Gray area for Financial Accounting only)

Fund	GL	Department	Project	Source	JPC

Disbursement Purpose	Amount
	

Please explain if the Total is different from the Pay Amount.

Total: \_\_\_\_\_

**Pay This Amount:** \_\_\_\_\_

Original invoices, receipts and any supporting documents must be submitted with this requisition to: **Financial Accounting Office, WG112**

The undersigned certifies that the above expenditures are necessary and proper and are made within the budgetary limitations of the above fund.

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Requestor Name and Title \_\_\_\_\_

Authorized Name and Title(signature card on file) \_\_\_\_\_

Financial Accounting Office Only

Vendor Number		Approved By _____ Financial Accounting
Examined By		
Date Entered		
Amount		
Check Number		
Check Date		
Mailed Date		

Date Approved \_\_\_\_\_