

GEORGIA SOUTHWESTERN STATE UNIVERSITY  
Americus, Georgia 31709

**DISBURSEMENT AUTHORIZATION**

Date:

To: **Accounting Services**

Vendor #: (Accounting use only) \_\_\_\_\_

SSN/FEI No: (\* Required)

Make Check Payable to:

Address: (\* Required)

Amount of Check:

*Account Information*

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<b>Account</b>	<b>/ Fund</b>	<b>/ Dept.ID</b>	<b>/Program</b>	<b>/ Class</b>	<b>/ Grant</b>
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Explanation:

Date of invoice:

\*\*Please attach contract, invoice or receipt.

Invoice #:

Approved for Payment

\_\_\_\_\_  
Dept. Head or Advisor

\_\_\_\_\_  
Treasurer (if student group)

Mail

Pick Up

\_\_\_\_\_  
Business Office