

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

Account	/ Fund	/ Dept.ID	/ Program	/ Class	/ Grant	= \$
Account	/ Fund	/ Dept.ID	/ Program	/ Class	/ Grant	= \$
Account	/ Fund	/ Dept.ID	/ Program	/ Class	/ Grant	= \$

Explanation:

Date of invoice:

**Please attach contract, invoice or receipt.

Invoice #:

Approved for Payment

Dept. Head or Advisor

Treasurer (if student group)

Business Office