

# Standard Disbursement Request Form

Date of Request

Name of Requestor

Enter full name

Department / Unit

Enter department/unit

Amount Requested

e.g. \$5,000.00

Payee Name

Enter payee name

Payment Method

e.g. Bank Transfer, Check

Details / Purpose of Disbursement

Describe what the funds will be used for

Supporting Documents

List documents attached (if any)

## Authorization

Requested by:

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Signature & Date

Reviewed / Verified by:

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Signature & Date

Approved by:

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Signature & Date

## Important Notes

- All fields must be completed and supporting documents attached, if applicable.
- Disbursement requests are subject to review and approval by authorized personnel.
- Incomplete or inaccurate information may delay processing.
- Funds will only be released upon full approval.
- Keep a copy of this form for your records.

