|  |
| --- |
| FROM: **College/Division**  **{Date of Payment Request}** |
| IT IS REQUESTED THAT DISBURSEMENT BE MADETO: **{Person, Firm or University}** | **{Address of Person, Firm, or University}** |
| FROM FOUNDATION ACCOUNT #  | **{Name of Account}** |
| PREPARED BY:  | EMAIL/PHONE:  |

This disbursement of funds is for the following as per the attached documents. (Please include name of the payee, names of recipients of scholarships or fellowships or a description of faculty enhancement program, or explanation and breakdown of any other ways the funds might be used.):

**{Type explanation here.}**

**Check one of the following and provide the information requested:**

**[ ] DIRECT PAYMENT** Amount requested: $

**[ ]** Reimburse UHS department for expense already incurred.

**[ ] **Transfer funds to UHS department for future expenses.

Description of expense (attach receipt) *or* restriction on funds:

Department revenue account (outside support):

Department cost center:

**[ ]** **GIFT-IN-KIND PAYMENT** Amount requested: $

**[ ] **Pay UHS auxiliary or service center for goods/services that directly benefit a UHS department.

Auxiliary / Service center name:

**[ ]** Pay vendor or reimburse UHS employee for goods/services that directly benefit a UHS department.

Vendor/UHS employee name:

Vendor/UHS employee address:

Invoice number (attach invoice/receipt):

Department revenue account: **42909 – Gifts in Kind Restricted**

Department expense account:

Chartfield One:

**APPROVAL**: **{Type approval information here.}**

Department Approval Title Date

Division Vice Chancellor / President Approval (as required) Title Date

Foundation Approval (as required) Title Date

Send completed form to: 1. Support Organization / Foundation

2. General Accounting: Email gmcclain@uh.edu or Mail Code 0902