



Central Connecticut State University Disbursement Form

Disbursement Type

Check One:

- Payment for PSA # _____ Final Payment? Yes No
- Refund/Reimbursement
- Payment for Services less than \$5,000
- Membership/Subscription Payment
- Stipend Payment
- Honorarium Payment
- Other: _____

Payee Information

Name: _____ FEIN # or Banner ID (REQUIRED) _____

Address: _____
(Payee's home/business address, not department address at CCSU)

Is the Payee a current state employee? Yes No

Disbursement Information -Please provide detailed information

Please note: If using the Disbursement Form only to pay a PSA, I understand that I am responsible for ensuring compliance with State and Federal laws, University policies, and that this payment is not for temporary office or other bargaining unit work. I have paid particular attention to the appropriate use of independent contractors. I also understand that audit questions will be referred to me for response. I certify that the services on the above referenced PSA have been rendered and I authorize payment in the amount specified below. (Specific Services for PSA's must be listed below when a PSA Form (CO-802A or CCSU-802A) was not submitted). If I am a project Director and I am picking up a guest speaker or entertainer's check prior to the performance, I certify that I will not allow the check to be released until the services have been satisfactorily provided to CCSU. In the event this does not occur, I agree to return the check to the Business Office the next business day.

REQUIRED: Please indicate the date(s) the service was performed. List the Start and End Dates for subscriptions/memberships/licenses:

The University cannot guarantee reimbursement without the requester attaching proof of purchase, the vendor's invoice, and an appropriate business purpose for the expense, in accordance with State and University Policies and Regulations.

Requestor's/Project Director's Signature: _____ Date: _____

Funding Information

| Banner Index | Banner Account | Amount | Budget Authority Printed Name | Budget Authority Signature | Date |
|--------------|----------------|----------|-------------------------------|----------------------------|-------|
| _____ | _____ | \$ _____ | _____ | _____ | _____ |
| _____ | _____ | \$ _____ | _____ | _____ | _____ |
| _____ | _____ | \$ _____ | _____ | _____ | _____ |

Grant Funding Approval

All use of grant funds **MUST** be approved by the Grant's Office: _____ Date: _____