The City College of the City University of New York

Non Tax Levy Entity Disbursement Requisition Form

Document No. Date Name of Account: Requesting Dept. Building/Office # Prepared By: Ext/Phone				Disbursement Requested From: Fdn for City College AEC CC Bursar Special Trusts & Gifts Other	
Type of Payee Check Payable Address City, State Zip	то	Account Number (Gray area for Financial A	☐ Mail Check to ☐ Dept. pick up ☐ Bursar-Schola ☐ Other Accounting only)	Ext #
Fund	GL	Department	Project	Source	JPC
Disbursement Purpose					Amount
Original invoice submitted with The undersigne proper and are	es, receipts and arn this requisition to ed certifies that the made within the	erent from the Pay Any supporting docum o: Financial Account ne above expenditure budgetary limitatio	Amount. ments must be ting Office, WG112 res are necessary an ns of the above fund	nd d.	
Requestor Sigr	nature 	Date	Authoriz 	ed Signature	Date
Requestor Name and Title Authorized Name and Title					nature card on file
		Financial Accou	nting Office Only		
Vendor Numb Examined E Date Entere Amount Check Numb Check Date	ed per		Approved By — Date Approved —	Financial Accoun	
Mailed Dat	е				