The City College of the City University of New York

Non Tax Levy Entity Disbursement Requisition Form

Ruilding/Office #		Ext/Phone		Disbursement Requested From: 21st Century Fdn AEC CC Bursar Special Trusts & Gifts Other	
Type of Payee Check Payable Address City, State Zip	е То	Account Number (☐ Mail Check to ☐ Dept. pick up ☐ Bursar-Schola ☐ Other ☐ Accounting only)	Ext #
Fund	GL	Department	Project	Source	JPC
Please explain if the Total is different from the Pay Amount. Original invoices, receipts and any supporting documents must be submitted with this requisition to: Financial Accounting Office, WG112 The undersigned certifies that the above expenditures are necessary and proper and are made within the budgetary limitations of the above fund.					
Requestor Sign	ature	Date	Authoriz	ed Signature	Date
				ed Name and Title(sign	nature card on file)
Vendor Numbo Examined B Date Entere Amount Check Numb Check Date Mailed Date	y d er	Financial Accoun	Approved By — Date Approved —	Financial Account	ing