

Request to Disburse Agency Funds

Owner of Funds:

Name of Owner _____

C-FOAP Charged for Disbursement:

Chart _____ Fund Code _____ Fund Title _____

Org Code _____ Org Title _____

Account Code _____ Account Title _____

Program Code _____ Program Title _____

Amount of Disbursement: \$ _____

Name of Payee _____

Is Payee a Non-Resident Alien? Yes _____ No _____

Remittance Address: _____

City: _____ State: _____ Zip Code _____

Owner Attestation:

I represent that I am either the Owner of the Agency Fund identified above ("Fund") or the Owner's authorized representative. By signing this Request to Disburse Agency Funds, I direct that the University disburse the amount indicated above to the Payee identified, and I represent that this disbursement does not return unexpended funds to the owner or an owner representative.

I further represent that if the payee is a non-resident alien, I have informed my University of Illinois liaison unit prior to performing any services for compensation or acquiring goods and services for reimbursement by this disbursement, and I have provided all requested payee documentation required to comply with University foreign national processes.

Owner/Authorized Owner Representative:

Name: _____ Title: _____

Signature: _____ Date: _____

Liaison Unit:

Unit Name _____ Chart _____ Org Code _____

Payee Banner Vendor ID _____

Liaison Attestation:

I have reviewed this Request to Disburse Agency Funds and verify to the best of my knowledge that the request is appropriate and that, unless approved by UAFR, the disbursement will not create an overdrawn fund. I have further verified that sales tax is properly handled in this transaction in accord with the owner’s legal sales tax-exempt status.

If the payee is a non-resident alien, I have obtained and submitted all required visa and related documentation to the Office of University Payroll and Benefits and they have granted permission to issue this payment.

Liaison Unit Representative:

Name: _____ Title: _____

Signature: _____ Date: _____

Invoice or other appropriate documentation of the nature and purpose of the expenditure must accompany this form.

DRAFT