

Reimbursement/Disbursement Request

All reimbursement and disbursement requests must be accompanied by this form, and this form must be complete. Requests received between the 1st and 15th of the month will be paid by the end of the month, and requests received between the 16th and end of the month will be paid by the 15th of the following month.

Requestor information:

| | |
|--------------------|--|
| Date submitted: | |
| Requested by: | |
| Date due (if any): | |

Type of request (click box to check):

- Reimbursement
 Disbursement

Payment detail:

| | |
|--------------------------------|--|
| Payment to: | |
| Amount: | |
| Address (if mailing required): | |
| Purpose for expense: | |

Approval information:

| | |
|--|--|
| Budget line and subline to be charged: | |
| Responsible committee: | |
| Responsible committee chair: | |
| Send notification to (name): | |
| Send notification to (email): | |

TO BE COMPLETED BY TWCC STAFF:

| | |
|--------------------------|--|
| Date received: | |
| Received by: | |
| Approved by (print): | |
| Approved by (signature): | |
| Date payment issued: | |
| Date notification sent: | |