

DIOCESE OF BEAUMONT DISBURSEMENT REQUEST

Issue check to:

VENDOR #: _____

VENDOR: _____

S. S. #: _____

ADDRESS #1: _____

ADDRESS #2: _____

CITY: _____

STATE: _____

ZIP: _____

REQUESTED BY: _____

DEPT: Acct. _____

DATE: 9/10/2004 _____

OFFICE HEAD APPROVAL: _____

Initialing indicates the expenditure is within the approved budget.

Supporting documents must be attached to this form.

COMMENTS:

If a disbursement is to be made from a Grant, please complete the "Grant Distribution" section below in addition to the "Accounting Distribution" information.

GRANT DISTRIBUTION

Description:

Send check to: VENDOR _____

DUE DATE _____

DEPT _____

OTHER _____

ACCOUNTING DISTRIBUTION						
CODE #	DEPT #	FUND #		INVOICE #	DESCRIPTION	AMOUNT
TOTAL:						

CODING, FOOTING & REVIEW: _____

APPRVD: _____