

# CASE WESTERN RESERVE UNIVERSITY DISBURSEMENT ORDER

Date \_\_\_\_\_

FULL NAME (no initials) \_\_\_\_\_

SSN,EIN or FIN  
(See Item 1 below)

ADDRESS (no campus location) \_\_\_\_\_

CITY-STATE-ZIP \_\_\_\_\_

Return Check To:       U.S. Mail to Above Address       Campus Mail: \_\_\_\_\_

(CHECK ONE)             Cashier's Office

\_\_\_\_\_

IS THE PAYMENT TO OR ON BEHALF OF A:

- U.S. CITIZEN OR RESIDENT ALIEN FOR TAX PURPOSES? IF YES, TAX ID REQUIRED.
- FOREIGN INDEPENDENT CONTRACTOR OR NON-RESIDENT ALIEN FOR TAX PURPOSES? IF YES, TAX ID REQUIRED.

1. SOCIAL SECURITY NUMBER, EMPLOYER ID NUMBER, or FEDERAL ID NUMBER must be indicated whenever applicable.
2. Use a separate DISBURSEMENT ORDER for each payee.
3. TRAVEL ADVANCES use a TRAVEL ADVANCE FORM.
4. SALARY ADVANCES must be approved by Human Resources.
5. DO NOT USE this form for payment of vendor's invoices.
6. DO NOT USE this form for payment to individuals on CWRU payroll for employment related compensation. All such payments are to be made through the Payroll System using the Payroll Voucher.

### PLEASE FILL IN THE ACCOUNT NO. & AMOUNT

Do not write in shaded area

	Account No.	Amount	Description of Item - 11 Positions
	<b>TOTAL</b> →		

Description: \_\_\_\_\_

\_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### FOR ACCOUNTS PAYABLE USE ONLY

Reference No.	Vendor No.	Due Date	ACCOUNT PAYABLE
			INVOICE APRON
P.O. No.	Invoice No.	Invoice Date	Payment on behalf of: