**Expense Disbursement/Invoice Form**

Only modify cells that highlighted in **Yellow**. Please attach copies of receipts to form. Itemized receipt maybe required upon request.

|  |  |  |
| --- | --- | --- |
| **Payee's Name:** |  | **Date:** |
|  |  |  |
| **Payee's Mailing Address:** |  | **Special Instructions:** |
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| --- | --- | --- | --- | --- |
| **Date:** | **Description: (Include item(s), qty, etc)** | | | **Total:** |
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|  |  | | |  |
|  |  |  | Total:\* |  |

\*Expenses (excluding reimbursement) totaling > $600/person/year required a W-9 form to be filled out.

|  |  |
| --- | --- |
| Requestor's Signature: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Requestor's Print Name: |  | Date: |  |

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| **Blue Fields For OSWAPIC Use Only** | |
| Treasurer: |  |
| President: | (If above budget) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Category: |  | | Check #: |  | Date Sent: |  | W-9: |  |
| Notes: | |  | | | | | | |
|  | |  | | | | | | |