**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:  |  |
|  |  |