

REQUEST FOR DISBURSEMENT OF FUNDS HELD  
AT THE UCO FOUNDATION

(Revision June 2020)

UCO Foundation  
Evans Hall Room 101, Box 133  
(405) 974-2770

Date of Request \_\_\_\_\_

Check Payable: \_\_\_\_\_ UCO Org # \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Check Amount \_\_\_\_\_ Date Needed \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Fund Name \_\_\_\_\_ Fund # \_\_\_\_\_

Mail Check: \_\_\_\_\_ **OR** Call When Ready \_\_\_\_\_

*Name*

*Extension*

**PLEASE NOTE:** The State Auditor requires that all checks must be properly documented. Therefore, you **MUST** attach all invoices, receipts, tickets, etc. to the form before the check is issued. Invoice should be billed to the UCO Foundation and taxes **must** be removed. Please do not submit request for a check if you do not have proper and sufficient validation.

Check Requested by \_\_\_\_\_ Title \_\_\_\_\_

*Fund Manager*

Box # \_\_\_\_\_ Extension \_\_\_\_\_ Date of Request \_\_\_\_\_

I certify that the foregoing request for disbursement of funds is for the purpose set forth about, is lawful, that I have attached all invoices, receipts, and other documentation of this request, and that the request conforms with the Higher Education Financial Control Act of 1987, found at 70 O.S., S 3906 as amended that provisions of 70 O.S., S 4306 and all the appropriate statutes. This certification is made under penalty of perjury.

Approval Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

*Dean, Director, AVP, VP.*

Foundation Approval \_\_\_\_\_ Date \_\_\_\_\_

*President, UCO Foundation*

\*\*\*\*\* FOUNDATION USE ONLY\*\*\*\*\*

Accounting Code \_\_\_\_\_

APPROVED BY Board Member \_\_\_\_\_

Date Entered into FE \_\_\_\_\_

Foundation President \_\_\_\_\_

Check Number \_\_\_\_\_