

Auxiliary Services Corporation Disbursing Order

*Vendor Name _____ *Date _____

*Address _____

*Account Number	*Invoice Number	Reference Number	*Amount

*Purpose of disbursement _____

*Explain relevance of payment to account purpose _____

I hereby certify that this disbursing order is correct and a proper charge against the above Agency account number.

 Auxiliary Services Approval

 *Authorized Signature Agency Account

 Second Signature if Required

 SPECIAL INSTRUCTIONS

*Required Information
 Remember to attach proper documentation.

7/28/06