## Program Grant Account Auxiliary Services Corporation SUNY Cortland

## **DISBURSING ORDER**

PAYEE				_ DATE				
ODRESS					-			
•					-			
	Grant Account	Invoice Number	Invoice Date	Gross Amount	Discount Amount	Net Amount		
,								
escription	or Purpose of	Expenditure (r	equired):					
		<u> </u>	APPROVED F	OR PAYMEN	т			
					Grant Administrator		Da	ate
Auxiliary Services Corporation					School Dean		Da	ate
pecial Ins	tructions (optio	onal):						
							<u>.</u>	