

Auxiliary Services Corporation
 State University of New York College at Cortland
Agency Disbursing Order



*Payee _____ *Date _____

*Address _____

*Agency Acct Number	*Invoice Number	Reference Number	*Amount

*Purpose of disbursement _____

*Explain relevance of payment to account purpose _____

I hereby certify that this disbursement is consistent with the intent of the established Agency Account and all proper documentation is attached. ***Two (2) signatures required for all transactions***

***Signature - Account Administrator**

***Signature – Administrator’s Supervisor/Division VP**

Print Name

Print Name

SPECIAL INSTRUCTIONS

ASC OFFICE USE ONLY

Processed by: _____ Date: _____

Reason Rejected: _____

***Required Information**

Please be advised, checks not cashed after 90 days will be void and new disbursing order will be required.