



Central Connecticut State University Disbursement Form

Disbursement Type OK to pay (PSA Unit initials) _____

Check One:

- Payment for PSA or Honorarium Request PSA# _____ Final Payment? Yes No
- Refund/Reimbursement Fee Payment
- Advance Payment Stipend Payment
- Membership/Subscription - Phone Ext of Person/Dept receiving the Membership/Subscription: _____
- Other: _____

Payee Information

Name: _____ SS/FEIN # or Banner ID #: _____

Address: _____
(Payee's Home Address, not department address at CCSU)

Non-PSA Disbursement Information (Please be specific)

Requestor's Signature: _____ Date: _____

PSA Disbursement Information

When using the Disbursement Form only to pay a PSA, I understand that I am responsible for ensuring compliance with State and Federal laws, University policies, and that this payment is not for temporary office or other bargaining unit work. I have paid particular attention to the appropriate use of independent contractors. I also understand that audit questions will be referred to me for response. I certify that the services on the above referenced PSA have been rendered and I authorize payment in the amount specified below.

(Specific Services for PSA's must be listed below when a PSA Form (CO-802A or CCSU-802A) was not submitted)

Project Director's Signature: _____ Date: _____

Funding Information

Banner Index	Banner Account	Amount	Authorized Signature	Date
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

Grant Funding Approval

All use of grant funds **MUST** be approved by the Grant's Office: _____ Date: _____