**Faculty-Student Association (FSA)**

**SUNY Buffalo State**

**Grant Disbursement Request**

**REQUESTOR INFORMATION**

|  |  |
| --- | --- |
| DATE: |  |
| PREPARED BY: |  |
| TITLE/DEPT: |  |
| EMAIL:  |  |
| PHONE: |  |
| BLDG & RM#:  |  |

**EVENT INFORMATION**

|  |  |
| --- | --- |
| EVENT/PROGRAM TITLE: |  |
| DATE OF EVENT: |  |

**PAYEE INFORMATION**

|  |  |
| --- | --- |
| PAYEE NAME: |  |
| AMOUNT: |  |
| IS THIS CHECK OVER $600 (Y/N):*If yes, attach completed w9 form* |  |
| PERMANENT ADDRESS OF PAYEE: |  |
| ADDRESS CHECK SHOULD BE MAILED (ON/OFF CAMPUS):  |  |
| JUSTIFICATION FOR PAYMENT: *Supporting documentation must be attached (poster, agenda, promotions, etc.)* |  |

*\*Allow 5-7 days from date documents are received for processing; honorariums are distributed only after the event date*