

# Faculty-Student Association (FSA) SUNY Buffalo State Grant Disbursement Request

## REQUESTOR INFORMATION

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DATE:

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PREPARED BY:

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TITLE/DEPT:

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EMAIL:

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PHONE:

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BLDG & RM#:

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## EVENT INFORMATION

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EVENT/PROGRAM TITLE:

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DATE OF EVENT:

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## PAYEE INFORMATION

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PAYEE NAME:

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AMOUNT:

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IS THIS CHECK OVER \$600 (Y/N):

***If yes, attach completed w9 form***

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PERMANENT ADDRESS OF  
PAYEE:

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ADDRESS CHECK SHOULD BE  
MAILED (ON/OFF CAMPUS):

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JUSTIFICATION FOR PAYMENT:

***Supporting documentation must  
be attached (poster, agenda,  
promotions, etc.)***

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