



EAST TEXAS BAPTIST
UNIVERSITY

AGENCY FUND DISBURSEMENT REQUEST

Name of Fund: _____

Account #: _____ Amount: _____

Check payable to: _____

Purpose: _____

_____ Reimbursement requests (Must be accompanied by itemized receipts)

_____ Cash Advance (Receipts must be submitted within 30 days)

Date requested: _____

Available balance: _____

Date required: _____

Verified by Financial Services: _____

Treasurer/Officer

Faculty/Staff Sponsor

Requests for withdrawal will not be honored if funds are not available!