

THE UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.
515 W. LOMBARD STREET
BALTIMORE, MARYLAND 21201

DISBURSEMENT REQUEST FORM

Date _____

OPERATING

ENDOWMENT

Account Name: _____

Account #: _____

Make Check Payable To: _____

Social Security Number _____

Form W-9 Attached

Address: _____

**Is individual on State Payroll?

Yes _____ No _____

Purpose*: _____

* Statement of purpose must be sufficient for an **independent reviewer** to ascertain the institutional benefit obtained from this expenditure.

Check Amount \$ _____

- Attach **ORIGINAL** documentation, (e.g., invoices, register receipts, charge slips, letters)

- All University/UMMS employees must submit an **APPROVED OUT-OF-STATE TRAVEL REQUEST FORM** for advance out-of-state travel payments or a Foundation Expense Report to receive reimbursement for out-of-state travel.

- **POLITICAL CONTRIBUTIONS ARE PROHIBITED.**

- The IRS requires a completed W-9 Form with **HOME ADDRESS** for payments under the following codes:

Honoraria
Scholarship & Fellowship Awards

Outside Consultants/Services
Relocation & Living Expenses

Research Study
Royalties

- Contracts must be between the vendor and the UMB Foundation. They must be signed by the President of the Foundation before the check is issued.

CHECK REQUESTS FOR THE CURRENT WEEK WILL BE ACCEPTED THROUGH 4:00 P.M. THURSDAY.

Requested By: _____ Approved by: _____

Title: _____ Title: _____

Phone: _____ Second Signature When Required

Approved by: _____

Title: _____

FOR FOUNDATION USE ONLY

Expense Code

\$ Amount

Expense Code

\$ Amount

Total \$ _____
