

**Auxiliary Services Corporation**  
 State University of New York College at Cortland  
**Agency Disbursing Order**



\*Payee \_\_\_\_\_ \*Date \_\_\_\_\_

\*Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Agency Acct Number	*Invoice Number	Reference Number	*Amount

\*Purpose of disbursement \_\_\_\_\_  
 \_\_\_\_\_

\*Explain relevance of payment to account purpose \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that this disbursement is consistent with the intent of the established Agency Account and all proper documentation is attached. **\*Two (2) signatures required for all transactions\***

\_\_\_\_\_  
**\*Signature - Account Administrator**

\_\_\_\_\_  
**\*Signature – Administrator’s Supervisor/Division VP**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

SPECIAL INSTRUCTIONS

**ASC OFFICE USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason Rejected: \_\_\_\_\_

\*Required Information  
 Please be advised, checks not cashed after 90 days will be void and new disbursing order will be required.