

Disbursement Authorization

Please Note: Regular distributions from endowed accounts that have elected automatic distributions are transferred to appropriate UNT spending accounts on a quarterly basis. All other requests for disbursements from Foundation accounts must be accompanied by this form, which includes the account holder's original signature and verification statement. Completed forms may be Faxed to 369-7111. E-mail and telephone requests will not be accepted.

TO: UNT Foundation, 218 Gateway Center	
FROM (Account Holder):	Amount: \$
Account Name: Please select ONE of the	Number:
This is a Scholarship Award	
Student's Name:	SSN:
Check to UNT Account # (Sch	nolarship Awards are NOT made directly to Students)
This is a Transfer	
TO UNT or Foundation Account #	Reason for Transfer:
Pay the Attached Invoice(s) to: (Vendor Name):	
** Please attach receipts, invoices, stateme	ents, etc., as documentation **
I hereby certify that this disbursement conformed Memorandum of Understanding, or other guiding a Signature of Account Holder	
Phone Number:	Today's Date
Send me a confirmation that this transaction has been comp The E-mail address to use is	
Completed on By	