

Request for Disbursement of Expenses



Project Title: _____

Project Number: _____

Client Name: _____

Client ID: _____

Address: _____

Disbursement Information

Itemize each expense for which you are requesting disbursement. This form should be submitted along with a progress report, paid invoices and proof of payment (cancelled check, paid receipt, etc.) to the AURI state processing center for disbursement.

Vendor	Description	Full Amount	Cash Match	AURI Amt
Total to be disbursed:				

I hereby consent and grant AURI the authority to contact the vendors listed on this Request for Disbursement (the "Vendors") in order to verify payments to the Vendors, if AURI determines that the information I have submitted is incomplete. AURI will use the information provided by the Vendors solely to verify my payment to the Vendors as set forth on the Request for Disbursement.

I certify that the above information accurately represents costs as approved by my AURI Project Team.

Signature: _____

Date: _____