



Research and Development Corporation
P.O. Box 1000 D-142
Athens, West Virginia 24712-1000

Request for Disbursement

Grant/Fund _____	Date of Request _____
Requested by (Principal Investigator/Project Director) _____	
Campus Address _____	Phone Number _____
Signature: _____	

Attach copies of origination or source documents. Attach additional description if necessary.

Payee	Description	Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
		Total \$ _____

Corporation Use Only:
Date Request for Disbursement Received: _____ Payment Authorized: _____
Date Paid: _____ by _____ Ck#: _____
Comments/Notes: _____

