



UCLA Residential Life Disbursement Request Form

**IMPORTANT:
ATTACH ALL RECEIPTS**

Requesting funds from: _____
Association Name (if applicable) *Budget Name (ex. Floor #, RGC, Stipends, Funding Board, FIR, Programming Board, etc.)*

MAKE CHECK PAYABLE TO: _____ AMOUNT OF THIS CHECK: \$ _____
Print legibly and MUST use legal name

PAYEE CONTACT INFORMATION: _____
E-mail *Phone #*

PROGRAM INFO: _____
ERES # (if ResLife Program) + Program Title *Program Date*

FOR STUDENT ORGANIZATIONS: _____
Student Organization Name and Program Location

SPECIFIC PURPOSE/USE OF FUNDS: _____

Certification: I certify with my signature that I, my Organization and its officers, accept full responsibility the compliance with the University, On-Campus Housing and Association regulations, and agree to supply receipts for this Disbursement.

Programmer: _____ DATE: _____
Print Name *Signature*

PROGRAMMER CONTACT INFORMATION: _____ *Phone # (if different from Payee)*
E-mail (if different from Payee)

Residential Life Staff: _____ DATE: _____
(Treasurer, ARD or RD) reviewing and approving *Print Name* *Signature*

*******FOR OFFICE USE ONLY*******

_____ DATE: _____
ResLife Funding Board Admin *Print Name* *Signature*

_____ DATE: _____
Check Writer *Print Name* *Signature*

MEMO: _____ Account Charged: _____ Check No.: _____