

# PAYMENT DISBURSEMENT FORM

Date:

Department ID:

Project ID#:

**Information:**

Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Payment Disbursement Schedule	
Date:	Amount:
Total Payment Amount:	

Department Representative

Phone Number

Mailbox Number

Principal Investigator or Designated Signature Authority

Signature

**Please mail or email completed for with signature to Box 4124 or [AccountsPayable@nau.edu](mailto:AccountsPayable@nau.edu)**