

**FRANCIS MARION UNIVERSITY
DISBURSEMENT AUTHORIZATION FORM (DAF)**

Payee

Federal Employer ID # or S.S.#

Address

City State Zip

1. Use to authorize the remittance of funds such as payroll withholdings and refunds to non-student payors. Do not use for the purchase of goods or services.
2. A Federal Employer ID # or Social Security # must be provided before the DAF can be processed.
3. Attach appropriate documentation.
4. Forward approved DAF directly to Accounting.

Account Number to Be Charged

Department Name

Quantity	Description and Purpose	Total Amount

I CERTIFY THAT THE AMOUNT INDICATED ABOVE IS CORRECT AND IS HEREBY APPROVED FOR PAYMENT.

Initiated By _____ Date _____

Department Head or Dean _____ Date _____

President or Vice President Date