



DISBURSEMENT REQUEST FORM

PAYEE INFORMATION				
DEPT CONTACT:	_____	REQUEST DATE:	_____	
PAYEE NAME:	_____	CONTACT PHONE:	_____	
PAYEE ADDRESS:	_____	PAYEE IS:	Vendor	FSU Employee
	_____		Other	Patient
FUNDING SOURCE:	ADMIN	DEAN	FSU SeniorHealth™	GME - Partner
	GME - Admin	DEPT - Distribution Acct.	FSU PrimaryHealth™	OTHER:

DESCRIPTION OF EXPENSES	AMOUNT
Event WAS or WAS NOT sponsored in whole or in part by a State of Florida agency, State University, or the Judicial Branch of Florida.	
TCN PROFDEV Yes No TOTAL	

AUTHORIZATION	
I certify that this claim for expenses is accurate, complete, and true. These expenses were/will be incurred by me to benefit directly the mission of Florida Medical Practice Plan, Inc. By signing below, I certify that I have not been and will not be reimbursed for the above expenses by any other organization or funding source. I understand that I must return unexpended funds and/or formally report expenses for which funds are issued in advance.	
REQUESTER OR PAYEE (PRINTED): _____	
REQUESTER PAYEE (SIGNED): _____	DATE: _____
AUTHORIZED APPROVER (PRINTED): _____	
AUTHORIZED APPROVER (SIGNED): _____	DATE: _____

Should you have any questions or concerns, please contact:	Payment Type
LaQuanta Rosier, MBA Assistant Director 850-645-1037 fmpp@med.fsu.edu	Check FMPD Pcard ACH Wire
Maria Simpler Financial Operations Manager 850-644-2071 fmpp@med.fsu.edu	
Lamanuel Melvin Accounting Representative 850-645-9282 fmpp@med.fsu.edu	

FMPD ADMIN USE ONLY		NEW VENDOR	NO YES → ENTERED _____		APPROVED
VENDOR ID				INITIAL & DATE	INITIAL & DATE
COMPONENT*	1	2	3		
INVOICE #					
INVOICE DATE					
AMOUNT					
DESCRIPTION					
DEPT ID					
FUND					
ACCOUNT #					
CF1					
CF2					
CF3					
VOUCHER #					
CHECK #					
Pcard Holder Sign Off	Pcard Approver Sign Off	Pcard Holder Sign Off	Pcard Approver Sign Off	Pcard Holder Sign Off	Pcard Approver Sign Off
*Add the ADDITIONAL DISBURSEMENT REQUEST COMPONENTS form if disbursement COMPONENTS are greater than 3				Add'l Components-	YES <input type="checkbox"/> NO <input type="checkbox"/>