

**SUNY College of Optometry  
Faculty Student Association  
Disbursement Request**

To: Ms. Jewel Chua, College Bursar

From: \_\_\_\_\_

Date: \_\_\_\_\_

Please issue a check, payable from the Faculty Student Association to \_\_\_\_\_

in the amount of \$ \_\_\_\_\_

Purpose of check \_\_\_\_\_

**Use of funds (please check one)**

Scholarship (7100)	<input type="checkbox"/>	Supplies (7400)	<input type="checkbox"/>
Travel/Meals (7600)	<input type="checkbox"/>	Duplicating (7525)	<input type="checkbox"/>
Instruments (2490)	<input type="checkbox"/>	Social (7950)	<input type="checkbox"/>
Courses (7560)	<input type="checkbox"/>	Textbooks (7550)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	_____	

**Organization (please check one)**

Class of _____	<input type="checkbox"/>	AOSA (FAOS)	<input type="checkbox"/>
COVD (FCOV)	<input type="checkbox"/>	BSK (FBSK)	<input type="checkbox"/>
Instruments (FEQU)	<input type="checkbox"/>	FSO (FFCO)	<input type="checkbox"/>
Student Council (FSTU)	<input type="checkbox"/>	Graduate Class (FGRA)	<input type="checkbox"/>
Leo's (FLEO)	<input type="checkbox"/>	NOSA (FNOS)	<input type="checkbox"/>
SVOSH (FSVO)	<input type="checkbox"/>	NYSOA (FNYS)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	NOA (FNOA)	<input type="checkbox"/>
		_____	

**Category (please check one)**

Fundraising	<input type="checkbox"/>	Educational Enrichment (e.g. books, trips, courses)	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
		_____	

**Copy of invoice, quote, or receipt is attached.**

\_\_\_\_\_  
Authorized Signature of Organization Officer      Date

\_\_\_\_\_  
VP Student Affairs      Date