STATE UNIVERSITY OF NEW YORK
COLLEGE OF OPTOMETRY

Faculty Student Association
DISBURSEMENT REQUEST FORM

To: Erin Angarola, College Bursar

From: _____

Date: _____

Please issue a check, payable from Faculty Student Association to _____

in the amount of $ _____

Purpose of check (**please specify**)

USE of funds (please check one)

Graduation (7350)	☐	Courses/CPR (7560)	☐
Office Supplies (7400)	☐	Travel/Conference (7600)	☐
Yearbook (7500)	☐	Membership Dues (7940)	☐
Fundraising items (7550)	☐	Social/Meetings (7950)	☐
		Cap & Gown (7960)	☐

Organization (please check one)

Class of _____	☐	Lion's Club (FLEO)	☐
AOSA (FAOS)	☐	NOSA- National (FNOS)	☐
APHA (FAPH)	☐	NYSOA- NY State (FNYS)	☐
BSK (FBSK)	☐	SAAO (FSAA)	☐
COSA - *California* (FCOS)	☐	SOAPP (FPPC)	☐
COVD (FCOV)	☐	Student Council (FSTU)	☐
CSA / CAOS- *Canadian* (FCSA)	☐	SVOSH (FSVO)	☐
Residency (FRES)	☐	CTSAO- Connecticut (FCTS)	☐
FCO (FFCO)	☐	NORA (FNOR)	☐
Graduate Class (FGRA)	☐	CLEAR (FLCA)	☐
Gold Key (FGOL)	☐	EyeBall (FEYE)	☐
CCOSA - *Chinese* (FCCO)	☐	Vision Walk (FWLK)	☐

Please attach copy of INVOICE, QUOTE, or RECEIPT

_____

Authorized Signature of Organization/Class Officer Date

_____

Vito J. Cavallaro Date