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DISBURSEMENT REQUEST FORM

Name _____

Address _____

TEL _____ FAX _____

Email _____

Expenses for _____

Total _____ USD

1) sign below, 2) scan this completed form and all receipts if required per instructions and 3) email all documents to slbpayables@bill.com

DO NOT SEND FILES IN A ZIPPED FOLDER. SEND ALL PAGES COMPILED TOGETHER INTO A SINGLE PDF TO ENSURE RECEIPT

Payment Information

If you reside inside the U.S., you will receive an email after submission with options for receiving a check or direct deposit to your U.S. bank.

If you reside outside the U.S. and prefer a direct bank deposit, include in the pdf packet, your complete bank details for wire transfer (account name, SWIFT code and IBAN number). If no bank information is received with your initial request, a check in USD will be mailed.

Note: If your request is for an amount of **\$600 USD or more** or is for other payment not associated with a travel expense reimbursement, proper tax reporting documentation is required. Requests without the appropriate tax reporting forms will not be processed.

- US – [download W9](#) form to be completed and returned with the request form.
- Non US – [download W8-BEN](#) form to be completed and returned with the request form.

Signature _____ Date _____