



THE UNIVERSITY AT ALBANY FOUNDATION

Date: Request For Disbursement Vendor No.: \_\_\_\_\_

1. Name of Payee: \_\_\_\_\_ 2. Amt. Of Check: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_

4. Taxpayer Identification Number (check one):  
Form W-9 Attached                      Form W-8BEN/W-8BEN-E Attached (Foreign Vendor)  
Not necessary (Form W-9/ W-8BEN is on file with UAF)                      Not Applicable For Reimbursement  
Scholarship Payable to UAlbany Student Accounts: Student ID# \_\_\_\_\_

5. Description/Purpose of Disbursement: \_\_\_\_\_

6. Reference: Check the appropriate box. If purchase order (PO) or invoice please indicate document number.  
Invoice #: \_\_\_\_\_ Award-Scholarship-Honorarium: \_\_\_\_\_ Reimbursement: \_\_\_\_\_  
P.O. #: \_\_\_\_\_ Other: \_\_\_\_\_

7. Account Name: \_\_\_\_\_ 8. Account Number: \_\_\_\_\_

9. Account Manager's Name & Title: \_\_\_\_\_ 10. Campus Address & Phone Number: \_\_\_\_\_

11. Account Manager's Signature: \_\_\_\_\_

12. **FOR REIMBURSEMENTS ONLY**  
Signature of recipient attesting to expenses: \_\_\_\_\_

13. **FOR REIMBURSEMENTS TO ACCOUNT MANAGERS ONLY** (See instructions on reverse)  
Signature from the Reporting Office: \_\_\_\_\_

\*\*\*\*\* FOUNDATION USE ONLY \*\*\*\*\*

G/L ACCOUNT CODE:	AMOUNT	Authorization: _____
_____	_____	Date: _____
_____	_____	Voucher No.: _____
_____	_____	
_____	_____	

**PAID**

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

Check No.: \_\_\_\_\_