



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): <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Form W-9 Attached</div><div>Form W-8BEN/W-8BEN-E Attached (Foreign Vendor)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Not necessary (Form W-9/ W-8BEN is on file with UAF)</div><div>Not Applicable For Reimbursement</div></div> <div style="margin-top: 10px;">Scholarship Payable to UAlbany Student Accounts: Student ID#</div> | | |
| 5. Description/Purpose of Disbursement: | | |
| 6. Reference: Check the appropriate box. If purchase order (PO) or invoice please indicate document number. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Invoice #:</div><div>Award-Scholarship-Honorarium:</div><div>Reimbursement:</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>P.O. #:</div><div>Other:</div></div> | | |
| 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.: _____ |
| _____ | _____ | <div style="margin-bottom: 10px;">PAID</div> <div>Date: _____</div> <div>Check No.: _____</div> |
| _____ | _____ | |