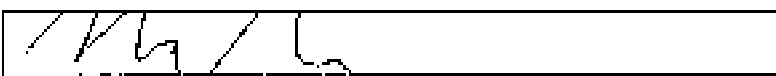






THE UNIVERSITY AT ALBANY FOUNDATION

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;">Form W-9 AttachedForm W-8BEN/W-8BEN-E Attached (Foreign Vendor)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">Not necessary (Form W-9/ W-8BEN is on file with UAF)Not Applicable For Reimbursement</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;">Invoice #:Award-Scholarship-Honorarium:Reimbursement:</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">P.O. #:Other:</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.: _____
_____	_____	
_____	_____	

PAID

Date: _____

Check No.: _____