1400 Washington Ave UAB 226 Albany, NY 12222

Date:



Phone: (518)437-5090 Fax: (518)437-5089

## THE UNIVERSITY AT ALBANY FOUNDATION

## **Request For Disbursement**

Date:	Request For Disbursen	<u>Tent</u> Vendor No.:
1. Name of Payee:	2. Amt. Of Check:	
3. Permanent Address:		
Taxpayer Identification Number (ch	neck one):	
Form W-9 Attached	Form W-8BEN/W-8BEN-E Attac	ched (Foreign Vendor)
Not necessary (Form W-9/ W-		Not Applicable For Reimbursement
	ŕ	Tree 7 ppiloable 1 of Treilingareement
Description/Purpose of Disbursements	ny Student Accounts: Student ID#	
o. Becompaint arpose of Biobaroem	ont.	
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:	11/ 21	
	L. West	and the same
12. <b>FOR REIMBURSEMENTS ONLY</b> Signature of recipient attesting to exp	enses:	, —
40. 500 05111011001151170 70 40001	INT MANA OFFICE ONLY (Co.e. in admirable on	
Signature from the Reporting Office:	JNT MANAGERS ONLY (See instructions	s on reverse)
	7/-/2, /	Ching 6
* * * * * * * * * * * * * * * * * * * *	***** FOUNDATION USE ONL	Y ******
G/L ACCOUNT CODE:	AMOUNT	Authorization:
		Date:
		Voucher No.:
		PAID
		Date:
		Check No.: