

1. Name of Payee:		2. Amt. Of Check:	
3. Permanent Address:			
4. Taxpayer Identification Number (check one): <div>Form W-9 Attached</div> <div>Form W-8BEN/W-8BEN-E Attached (Foreign Vendor)</div> <div>Not necessary (Form W-9/ W-8BEN is on file with UAF)</div> <div>Not Applicable For Reimbursement</div> <div>Scholarship Payable to UAibany 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>Invoice #:</div> <div>Award-Scholarship-Honorarium:</div> <div>Reimbursement:</div> <div>P.O. #:</div> <div>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 REIMBURSMENTS 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>PAID Date: _____ Check No.: _____</div>	