



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: <input type="text"/> |
|----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | Date: <input type="text"/>          |
| <input type="text"/> | <input type="text"/> | Voucher No.: <input type="text"/>   |
| <input type="text"/> | <input type="text"/> |                                     |
| <input type="text"/> | <input type="text"/> |                                     |

**PAID**  
Date:   
Check No.: