1400 Washington Ave UAB 226 Albany, NY 12222



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

PAID _____

Date: _____

Check No.: ____

THE UNIVERSITY AT ALBANY FOUNDATION Request For Disbursement Date: Vendor No.: 2. Amt. Of Check: 1. Name of Payee: 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 REIMBURSMENTS TO ACCOUNT MANAGERS ONLY (See instructions on reverse) Signature from the Reporting Office: G/L ACCOUNT CODE: **AMOUNT** Authorization: Date: ____ Voucher No.: ____