



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;"><div>Form W-9 Attached</div><div>Form W-8BEN/W-8BEN-E Attached (Foreign Vendor)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Not necessary (Form W-9/ W-8BEN is on file with UAF)</div><div>Not Applicable For Reimbursement</div></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;"><div>Invoice #:</div><div>Award-Scholarship-Honorarium:</div><div>Reimbursement:</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>P.O. #:</div><div>Other:</div></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.: _____
_____	_____	<div style="margin-bottom: 10px;">PAID</div> <div>Date: _____</div> <div>Check No.: _____</div>
_____	_____	