

The University at Albany Requisition for Payment to Enterprise

University at Albany
MSC 203
1400 Washington Ave.
Albany, NY 12222

Date: _____

ACCOUNT NUMBER

State Funds _____
Source Code - JN0172

Research Foundation Funds
Source Code - JN0099

Campus Account Manager:

Project / Task/Award

University Address:

Organization

GIVE COMPLETE DESCRIPTION (please type or print)

I approve payment for the attached invoice:

For a trip to: _____
City State County

From: _____ to _____
Date Date

By: _____
Name

Relationship to Project (Check One Below)

_____ SUNYA Employee _____ RF Employee _____ Grad. Student
w/Assistantship

_____ Consultant _____ Other _____ (description)

Purpose: _____

AUTHORIZED SIGNATURE:

*White & Yellow - Give to Enterprise to Deliver to Accounting Office with Invoice
Green - Retain for Account Manager File*