



THE UNIVERSITY AT ALBANY FOUNDATION

Request For Disbursement

Date: _____

Vendor No.: _____

1. Name of Payee:	2. Amt. Of Check:
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3. Permanent Address:

4. Fed ID# or Soc. Sec. #:

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:
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9. Account Manager's Name & Title:	10. Campus Address & Phone Number:
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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.: _____
_____	_____	
_____	_____	

PAID

Date: _____

Check No.: _____

