



THE UNIVERSITY AT ALBANY FOUNDATION

Request For Disbursement

Date: _____

Vendor No.: _____

1. Name of Payee		2. Check Amount \$ _____	
3. Mailing Address		Permanent Address (if different from mailing address)	
4. Taxpayer Identification Number (check one)			
<input type="checkbox"/> Form W-9 Attached		<input type="checkbox"/> Not necessary (Form W-9/ W-BEN is on file with UAF)	
<input type="checkbox"/> Form W-8BEN/W-8BEN-E Attached (Foreign Vendor)		<input type="checkbox"/> Reimbursement - not required	
<input type="checkbox"/> Scholarship Payable to UAlbany Student Accounts: Student ID#: _____			
5. Description/Purpose of Disbursement:			
6. Reference:			
<input type="checkbox"/> Invoice #: _____		<input type="checkbox"/> Award-Scholarship-Honorarium:	
<input type="checkbox"/> Reimbursement		(please check the appropriate box below)	
<input type="checkbox"/> Other: _____		Undergraduate: <input type="checkbox"/> Graduate: <input type="checkbox"/> Faculty: <input type="checkbox"/> N/A: <input type="checkbox"/>	
7. Account Name:		8. Account Number:	
9. Authorized Signatory's Name & Title:		10. Campus Address & Phone Number:	
11. Authorized Signatory's Signature <i>I hereby confirm that the information provided is accurate and meets the intended use of the funds in the account above.</i>		 	
12. FOR REIMBURSEMENTS ONLY Signature of recipient attesting to expenses		 	
13. FOR REIMBURSEMENTS TO ACCOUNT MANAGERS ONLY Signature from the reporting supervisor. (i.e.: Dean, Provost, etc.)		 	

***** **FOUNDATION USE ONLY** *****

G/L ACCOUNT CODE:	AMOUNT	Date: _____	Authorization: _____
			Voucher No.: _____

PAID

Date: _____

Check No.: _____