

University at Buffalo Foundation Activities, Inc.
Box 900
Buffalo, NY 14226-0900

Disbursement Request No. _____

UBFA, INC. REQUEST FOR DISBURSEMENT

Charge UBFA, Inc. Account # _____

Date _____

IT IS HEREBY REQUESTED THAT A CHECK IN THE AMOUNT OF \$ _____

BE ISSUED TO THE ORDER OF _____ SSN# _____

U.S. CITIZEN RESIDENT ALIEN NON-RESIDENT ALIEN VISA TYPE _____

AT THE FOLLOWING ADDRESS _____

ATTACH ORIGINAL RECEIPTS/INVOICE-NO. _____

AND DOCUMENT ALL PERTINENT INFORMATION INCLUDING BUSINESS PURPOSE, BENEFIT TO UB, PARTICIPANTS AND THEIR BUSINESS RELATIONSHIP, DATE, ETC. _____

UB BUSINESS PURPOSE: _____

PLEASE MAIL CHECK TO: _____

UBF Internal Use Only	
Supplier #	_____
Supplier Abv.	_____
Ship To	_____
Expense Code	_____
Taxable	_____

Approval	Date Paid
Date	Check No.

Recommended By: _____

Authorized Signature: _____