

INSTRUCTIONS FOR COMPLETING UAS DISBURSEMENT FORM

The numbered paragraphs below refer to the numbered blocks on the Disbursement Form
Type information into the fillable PDF form or print out and complete by hand.

1. **Payee Name & Address:** For individuals or sole proprietors, enter the name in the first Payee Name block. Corporations, partnerships and tax-exempt organizations should enter the name of the entity.

Enter the proper mailing address conforming to U.S. Postal Standards.

2. **Payee Phone Number:**
3. **Payee Email Address:** Enter email address if available.
4. **Payee Certification:** If the disbursement is for a personal reimbursement, a handwritten signature by the payee is required to verify the reimbursement is just, true and correct. Please note that if the reimbursement is for the Project Director, a secondary officer must sign the disbursement certification in Section 6.

5. **Account Information:**

Enter one of the following for **Account Name:**

- a. University Support Account Name
- b. Residential Life
- c. Program Fund Event Name
- d. Agency Account

Account Number: For Program Funds, account number is provided on award letter.

Project Director/Contact Person is the designated account signatory or the person who submitted account application. Provide Campus Address and Phone Number.

6. **Certification:** The Project Director must hand sign the disbursement form. If the Project Director is receiving a personal reimbursement, the Certification must be countersigned by a secondary officer.
 7. **Description of Material/Service:** Enter all pertinent information required by the specific column headings. The Total should be the amount to be paid to the payee.
- All requests must include proper documentation for the expense. For events, also include a brochure, program or flyer from the event.
 - FORMS ONLY (no messages) with an original signature and accompanying documentation can be scanned and emailed to: UASAP@albany.edu. Messages or inquiries should be emailed separately to kmmaloney@albany.edu. Forms can also be sent or delivered to: University Auxiliary Services, 1400 Washington Ave., CC B-52, Albany, NY 12222.
 - All purchases are New York State Tax Exempt. For copies of the UAS tax-exempt form, please contact the UAS office at 518-442-5950.



University Auxiliary Services at Albany, Inc.

UAS Disbursement Form

Applicable to UAS, Mission, Residential Life, Program Funds and Agency

Today's Date _____

PAYEE INFORMATION				ACCOUNT INFORMATION	
1. Payee Name: (please use full name & print clearly)				5. Account Name:	
Payee Address: <input type="checkbox"/> Check box if this is a new address				Account Number:	
City:	State:	Zip Code:	Country: (Other than USA)	Project Director/Contact Person:	
2. Payee Phone Number:				Campus Address:	
3. Payee Email Address:				Phone Number:	

<p>4. Payee Certification for personal reimbursements for expenses. (For personal reimbursements to the Project Director, please have the disbursement countersigned in Section 6 by a secondary officer.)</p> <p><i>This reimbursement is just, true and correct.</i></p> <p>_____ Signature - Hand Written Signature Required</p> <p>_____ Date</p>	<p>6. Certification: <i>This disbursement is just, true and correct.</i></p> <p>_____ Signature of Project Director - Hand Written Signature Required</p> <p>_____ Date</p> <p>_____ Print Name</p>
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Invoice #	7. Description of Material/Service	Amount
ATTACH ALL DOCUMENTATION AND RECEIPTS - INCLUDE BROCHURE, FLYER, OR PROGRAM RELATED TO THE EVENT		TOTAL

<p>INSTRUCTIONS FOR COMPLETION</p> <p>Type information on fillable PDF form, print out and sign Section 6 (a hand written signature is required).</p> <p>OR</p> <p>Print out the PDF form and complete by hand including a hand written signature in Section 6.</p> <p>Attach invoices/receipts & documentation.</p> <p>SEND or DELIVER to: University Auxiliary Services at Albany, Inc. 1400 Washington Ave. CC B52, Albany, NY 12222 OR, SCAN all documents to: UASAP@albany.edu.</p> <p>Do not include comments or send inquiries to UASAP@albany.edu Direct comments or inquiries concerning your disbursement to: kmmaloney@albany.edu</p>	<p align="center">***** UAS OFFICE USE ONLY *****</p> <p>Date Received</p>		<p>GL Coding</p> <p>_____</p> <p>_____</p> <p>Initial</p> <p>_____</p> <p>_____</p>
	<p>Payment Information</p> <p>Check No. _____ Date: _____ Initials: _____</p>	<p align="right">revised Jan 2020</p>	