

UBF 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplier #	_____
Supplier Abv.	_____
Ship To	_____
Expense Code	_____
Taxable	_____

Approval	Date Paid
Date	Check No.

Recommended By: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_