

Request for personal reimbursement, advance or payment (RAP)

Payee Information

Payee Last Name _____ First Name (Full) _____ MI _____
 Select one:
 NYS Employee RF Employee Student Other
 Direct Deposit If Other indicate Country of Citizenship/Tax Residency _____
 NYS Employee ID NO _____ Person Number _____
 Department Name _____ Email _____ Phone _____
 Home Address _____ City _____ State _____ ZIP _____

Account and Business Purpose

Account to be Charged _____ DR (UBF Only) _____
 Business Purpose of Expense: _____

Reimbursement or Payment Request

Receipt Date	Description	Amount
Total Request		\$

Payee Certification

Payee Certification: I certify that the above is just, true and correct; that no part has been paid except as stated and a transaction will not be requested from another funding source.

Payee Signature _____ Date Form Completed _____
 Approved By Signature _____ Approved By Name (print/type) _____

Contact for Questions if Other Than Payee

Name _____ Email _____
 Department Name _____ Department Address _____ Phone _____

Mailing Instructions

Research Foundation Funds

Sponsored funds:
 Sponsored Project Services, 402 Crofts Hall
 Non-sponsored funds:
 Financial Services, 418 Crofts Hall

State Funds

Procurement Services
 224 Crofts Hall

UB Foundation Funds

University at Buffalo Foundation
 Center for Tomorrow

Office use only	Supplier number	PO number	Date processed
Invoice number	Check number	Ship to Code	Expenditure code
Taxable Code	Approved by	Voucher number	