

**SDSU RESEARCH FOUNDATION
DISBURSEMENT REQUEST**

CHECK ONE: **CHECK REQUEST:** Mailed to payee's address below.
 DIRECT DEPOSIT: Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request

Please complete all items below and attach appropriate documentation. Sample signatures of authorized approving representatives must be on file with SDSU Research Foundation and must agree with signature on this request. Forward completed document to the SDSU Research Foundation Department of Sponsored Research Administration, MC 1934.

SDSURF Inv#	<input type="text"/>
DE by:	<input type="text"/>

Date of Request:		Amount of Check: \$	
Payee's Legal Name:			
Address Line One:			
Address Line Two:			
Telephone Number:		SDSU E-mail:	
Other E-mail:			
City:		State:	Zip Code:
Are you an employee or a student of SDSU or SDSU Research Foundation?		<input type="radio"/> Yes <input type="radio"/> No	If yes, enter SDSU Red ID Number:
Is payee a resident alien or U.S. citizen?	If no, complete and attach the Foreign National Information Form, W-8 and other required documents.		If previously submitted, indicate date of submission to SDSURF:
<input type="radio"/> Yes <input type="radio"/> No			

Nature of Expense:

ATTACHMENTS: Check this box if attachments need to be mailed with check. Place attachments in pre-addressed envelope and paper clip to check request. Please note that the attachments option is not available for direct (ACH) deposits.

EXPENSE TYPE:	ACCOUNTING DISTRIBUTION				
	FUND		ACCOUNT	%	OR \$ AMOUNT
<input type="checkbox"/> Misc. Advance					
<input type="checkbox"/> Clear Misc. Advance					
<input type="checkbox"/> Travel Advance					
<input type="checkbox"/> Misc. Reimbursement					
<input type="checkbox"/> Other:					

		Check Total: \$
Project Signature:	Date:	
SDSURF Signature:	Date:	
Additional Signature:	Date:	

For Emergency Use Only

CHECK DISTRIBUTION

SDSURF - pick check up

From: _____

By: _____

P.O or G.E. Number: _____

Please choose one: (Final will close purchase order)
 Final payment Partial Payment

Below is for SDSURF Staff use only

Vendor ID Number: _____ Vendor Invoice Date _____

Vendor Invoice Number (15 characters may only use once): _____

Check Due Date: _____