

SDSU RESEARCH FOUNDATION
FOOD OR HOSTING DISBURSEMENT REQUEST

CHECK ONE: **Check:** 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: \$
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Payee's Legal Name:

Address Line One:

Address Line Two:

Telephone Number:

City:	State:	Zip Code:
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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:
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Nature of Expense: (attach itemized receipts and flyer or agenda of event if available)
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Date, Time and Location:

Host Name:

Campus or Auxiliary Guests Name and Affiliation:
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External Guests Name and Affiliation:

Purpose of Event and Benefit of Hosting to the University:
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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:
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SDSURF Signature:	Date:
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Additional Signature:	Date:
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For Emergency Use Only	P.O or G.E. Number:	Please choose one: (Final will close purchase order) <input type="radio"/> Final payment <input type="radio"/> Partial Payment
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Below is for SDSURF Staff use only

SDSURF - pick check up	Vendor ID Number:	Vendor Invoice Date
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From: _____	Vendor Invoice Number (15 characters may only use once):
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By: _____	Check Due Date:
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