

**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#

DE by:

Date of Request:  Amount of Check: \$

Payee's Legal Name:

Address Line One:

Address Line Two:

Telephone Number:

City:  State:  Zip Code:

Are you an employee or a student of SDSU or SDSU Research Foundation?  Yes  No If yes, enter SDSU Red ID Number:

Is payee a resident alien or U.S. citizen?  Yes  No 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:

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	ORG	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: