

SDSU RESEARCH FOUNDATION

FELLOWSHIP/SCHOLARSHIP DISBURSEMENT REQUEST

THIS FORM IS TO BE USED EXCLUSIVELY FOR THE PAYMENT OF FELLOWSHIPS AND SCHOLARSHIPS TO U.S. CITIZENS AND RESIDENT ALIENS. DO **NOT** USE THIS FORM FOR PAYMENTS TO NONRESIDENT ALIENS.

DE by: _____
Award/Tax review: _____

Date of Request:	Period Covered		Due Date:
	From:	To:	

Specific Reason for Payment:

Payee's Name:	Red ID:
Street Address:	Amount Due:
City, State, Zip Code:	SDSURF Inv#:

Check One: Check: Mailed to payee's address above Direct Deposit: Must have direct deposit established or complete direct deposit authorization form, attach to payment request

E-mail Address:	Encumbrance #:
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Payee's Name:	Red ID:
Street Address:	Amount Due:
City, State, Zip Code:	SDSURF Inv#:

Check One: Check: Mailed to payee's address above Direct Deposit: Must have direct deposit established or complete direct deposit authorization form, attach to payment request

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E-mail Address:	Encumbrance #:
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For Emergency Use Only Check Distribution SDSURF-pick up check	ACCOUNTING DISTRIBUTION				
	FUND	ORG	ACCOUNT	%	OR \$ AMOUNT
	From:				
	By:				
					Check Total: \$

The project signatory to this document hereby certifies that payments on this document do not represent payment for teaching, research, or any other services performed in an employee/employer relationship. Furthermore, if any of these recipients are employees of either SDSU Research Foundation or the University, I have attached an addendum that identifies these individuals and explains the reason why they are both an employee and scholarship/fellowship recipient simultaneously. In addition, each recipient has been notified of the potential tax liability for any amount in excess of the documented costs of his/her tuition, fees, books, supplies, and /or equipment required for courses of instruction.

Project Signature:	Date:
SDSURF Signature:	Date:
Additional Signature:	Date: