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 permanent residents.

Do **NOT** use this for payments to nonresident individuals.

Payee's Name:				Red ID:		
Street Address:				Encumbrance #:		
City, State, Zip Code:						
SDSU Email Address: Other Email Address:				!		
Reason for Payment:						
	- T	ACCOUNTING DISTRIBUTION				
For Emergency Use Only Check Distribution	FUND / ORG	FUND / ORG		% OR \$ AMOUNT		
SDSURF - check pick-up						
Pick up by:						
Email:		TOTAL AMOUNT PER PAYMENT:				
SELECT EITHER OPTION	1 OR OPTION 2 FOR PAY	/IENT				
Option 1: Complete This S						
	Period Covered					
From:		То:			Due Date:	
Option 2: Complete This S	Section for Recurring Payn	nents (Only			
Policy for recurring paymen	ts are as follows:		-			
	e form if the amount and/or f	fund ch	anges during the life of the	award.		
 All amounts due must be 	the same.					
 Payments must be conse 	cutive with no skipped mont	hs.				
 Fund & Account must ren 	nain the same for all months	due.				
 Recurring F/S Disbursem 	ent Requests must be subm	itted a	t least 5 working days prior	to due date.		
 Subsequent payments will 	II fall on the same day of each	ch mon	ith.			
 Notify Accounts Payable i 	immediately to cancel recurr	ing pa	yments.			
Issue Day of the Month	he Month First payment (mmm/yyyy)		
For rent stipends due on			r not paymont (mmm/yyyy)	/		
the 1st of the month, enter "20" as the issue day.		Last payment (mmm/yyyy)				
	No. of Months		Monthly Amount		Total Amount	
Recurring Payments		x		=		
		_	Monthly amount must equal the			
			Accounting Distribution am	ount		
The project signatory to this documen	t hereby certifies that payments on this	docume	nt do not represent payment for teach	ning, research, or any	other services performed in an	
					have attached an addendum that identifies	
these individuals and explains the rea liability for any amount in excess of the					recipient has been notified of the potential tax truction.	
Project Signature:				Date:		
SDSURF Signature:				Date:		
Additional Signature:				Date:		
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