THE RESEARCH FOUNDATION
The State University of New York

REQUEST FOR CAMPUS SUPPLIER PAYMENT(S)
FORWARD REQUESTS TO:
Appropriate Campus Office

Payment No:	**Payment Method** ☐ Check ☐ Electronic
Department Name: **Phone Number:**	**Date:**
Please Draw Check Payable To (Supplier Name & Address): **Site Number:**	**1099 Code:**

Purpose:

Special Instructions:

Invoice Description: (up to 110 characters will appear on check stub):

Invoice Distribution:

Project	Task	Award	Expenditure Type	Organization	Amount
				Total	**$**

Project Director's Signature:	**Date:**
Approved By:	**Date:**

Revised 2/11/08