THE RESEARCH FOUNDATION
The State University of New York

Notification to Central Office Accounts Payable Area for Posting of Fellow Insurance Recharges

mailto:fellowinsurancerechargeforms@rfsuny.org

Effective Date: _____

Prepared By: _____

Approved By: _____

GL Accounting Stream: CU.001.00.000.235120.000000.0000000

Sponsored Program Award Distribution								
Project	**Task**	**Award**	**Expenditure Type**	**Organization**	**Expenditure Date**	**Supplier/Site (Must be in supplier file)**	**Invoice Description**	**Amount**