ATTACHMENT 1 – To be copied to or printed on RF letterhead

Date

Recipient
Title
Address

Dear *Recipient's Name:*

This letter is to inform you that you have been overpaid by The Research Foundation for State University of New York. Our records indicate you have received the following payment(s) in error.

	Date:	Date:	**Total**
Gross Pay			
Federal Tax			
State Tax			
Social Security Tax			
Medicare Tax			
Benefit Deductions			
Retirement Deductions			
Other Deductions			
Net Pay	$	$	$

Please submit a check or money order in the amount of *$0.00* payable to The Research Foundation for State University of New York at the following address:

Campus Contact Name
Campus Address

If we do not hear from you within 30 days of the receipt of this letter, the matter may be sent to our Corporate Office for further action. If you have any questions about this matter please call *Campus office and number.*

Respectfully,

Name
Title