



The Research Foundation for

The State University of New York

Subject Payment Request Form

Payee Information

Payee Last Name \_\_\_\_\_ First Name (Full) \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Are You a U.S. Citizen Y \_\_\_\_\_ N \_\_\_\_\_

If Yes, please provide a W9: download, complete and forward: https://www.irs.gov/pub/irs-pdf/fw9.pdf

If No, Indicate Country of Citizenship/Tax Residency \_\_\_\_\_ additional forms may be required

Project-Task-Award to be charged: \_\_\_\_\_

IRB Expiration date: \_\_\_\_\_

Date of Visit	Description	Amount
Total request		\$

Payee Certification

Payee Certification: I certify that the above is just, true and correct; that no part has been paid except as stated and a transaction will not be requested from another funding source.

Payee Signature \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Approved By Signature \_\_\_\_\_ Approved By Name (print/type) \_\_\_\_\_

Departmental Contact for Questions: \_\_\_\_\_

Email \_\_\_\_\_

Department Name \_\_\_\_\_ Department Address \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Instructions : please forward this completed form with any addtional documentation to:

Sponsored Project Services
The Commons, 520 Lee Entrance Suite 211, North Campus

	Supplier number	PO number	Date processed
Invoice number	Check number		Expenditure code
Comment:		Approved by	Date Approved