

**The Research Foundation of State University of New York
University at Buffalo
Deposit and Transmittal Form**

Check Receipt Log

Principal Investigator: _____ Account Number (Project-Task-Award): _____

- Checks should be made payable to **“Research Foundation of SUNY.”**
- RF Account Number should appear on the front of all checks.
- **“For Deposit Only”** should be printed or stamped on the back of all checks. DO NOT WRITE ANYTHING ELSE ON THE BACK OF THE CHECKS.
- All checks must be transmitted to Financial Management within one week of receipt.

Date Received	Payer Name	Purpose (i.e. Registration, Books, etc.)	Check #	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total:				\$

Name of person receiving payment (typed): _____ Signature: _____

Payment Transmittal Form

TO: Financial Management
418 Crofts Hall
Buffalo, NY 14260

FROM:

Name:	
Campus Address:	
Phone Number:	

Date:	
Dollar Amount - Checks	\$
Dollar Amount - Cash	\$
Total:	\$

Signature of person transmitting payment: _____

For Financial Management Use ONLY

Processed by (Signature): _____ Date: _____