

**THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK
UNIVERSITY AT BUFFALO
DEPOSIT AND TRANSMITTAL FORM**

CHECK RECEIPT LOG

PRINCIPAL INVESTIGATOR: _____ ACCT. # (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 back of all checks. **DO NOT WRITE ANYTHING ELSE ON BACK OF CHECKS.**
- All checks **must** be transmitted to Grants & Contracts Services within one week of receipt.

	DATE REC'D	PAYOR NAME	PURPOSE (Registration, Books, etc.)	CHECK #	AMOUNT
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
<i>(Attach additional forms if necessary)</i>					TOTAL :
					\$

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

PAYMENT TRANSMITTAL FORM

TO: SPONSORED PROJECT SERVICES
CROFTS HALL ROOM 402
BOX 607030
BUFFALO, NY 14260-7030

DATE: _____

FROM: Name: _____ NUMBER OF CHECKS ATTACHED: _____

Campus Address: _____ DOLLAR AMOUNT — CHECKS: \$ _____

_____ DOLLAR AMOUNT — CASH: \$ _____

(Must be pre-approved by Grant & Contracts, 645-2634)

Phone number: _____ TOTAL DOLLAR AMOUNT: \$ _____

Signature of person transmitting payment: _____

<i>For G&C use only</i>		
Processed by (Signature): _____	Date: _____	BLK# _____