SUNY RF
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	$ 0

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

Revised 5/2018