PAYMENT REQUEST FORM

SUNY RF
The Research Foundation for
The State University of New York
Downstate Health Sciences University

Use this form to request payment for goods or services received without an existing requisition or purchase order. Please note the following: 1) only one supplier invoice may be attached to each Payment Request Form; 2) if the supplier is not already set up in the Research Foundation system, a completed Form W-9 must be submitted to initiate the new supplier review process; and, 3) this form should not be used for Independent Contractor (IC) invoices or invoices associated with Purchased Service Agreements or other vendor contracts requiring Research Foundation review and acceptance/approval

PAYMENT INFORMATION

Supplier: _____

Address: _____ New York _____ _____
Street Apt. # City State Zip Code Email

Payment Type (check one)

Supplier Payment ☐
Supplier Invoice Number: _____
Supplier Invoice Date: _____
Good/Services Received Date: _____

Employee Reimbursement ☐
Payment/Receipt Date: _____
Goods/Services Received Date: _____

Human Subjects Cash Advance ☐

Honorarium ☐
Date(s) of Service: _____

Participant Support ☐
Date(s)Participation _____

ACCOUNT ALLOCATION

	Amount	Project	Task	Award	RF Expenditure Type	Department	Principal Investigator
Line 1							
Line 2							
Line 3							
TOTAL	$ 0.00						

For an Expenditure Type not listed, visit:
https://www.rfsuny.org/media/rfsuny/oracle-lov/Expenditure-Type-List-of-Values.pdf

DESCRIPTION OF GOODS/SERVICES

PAYMENT REQUEST DETAILS AND JUSTIFICATION

Describe the cost or activities consistent with applicable award requirements and explain how the cost/activity supports the objectives and goals of the award. Include the allocation methodology, if applicable.

PRINCIPAL INVESTIGATOR/DELGATE CERTIFICATION

I certify that the costs submitted for payment are reasonable, allowable, and allocable to the applicable sponsored award; are consistent with the award terms and conditions and applicable institutional policies; and were incurred within the current award period, unless otherwise authorized by the sponsor.

I further certify that the expenses are appropriate for the project, adequately documented, and not charged to or reimbursed by another funding source. The costs are necessary to accomplish the objectives of the sponsored project and are charged to the award in accordance with applicable sponsor requirements and institutional procedures.

PI/Delegate Date

Printed Name

FOR ORA USE:

Grant Manager/Financial Analyst

Director or Operations Manager