

# TRANSMITTAL (DEPOSIT) SLIP FOR RESEARCH FOUNDATION ACCOUNTS

## THE RESEARCH FOUNDATION OF SUNY AT STONY BROOK UNIVERSITY OFFICE OF GRANTS MANAGEMENT

W5510 Melville Library, Zip=3366 Phone 632-9038 FAX:632-9147

**CHECKS MUST BE MADE OUT TO "THE RESEARCH FOUNDATION" OR ENDORSED TO "RF"**

Project	Task	Award	PURPOSE OF PAYMENT
<b>Name &amp; Address of Payer:</b> _____ _____ _____  <b>Amount:</b> \$ _____			(Check one) <b>Sponsor Payment</b> <input type="checkbox"/> <b>Refund</b> <input type="checkbox"/> If <b>REFUND</b> you <i>MUST</i> provide one of the following (for reference): Original Check #, Req#, PO#, or Invoice #: _____ Expenditure Type: _____      Supplier (vendor): _____ Explanation: _____ _____ _____
<b>Project Director:</b> _____  <b>Department (ORG):</b> _____  <b>Campus Zip:</b> _____  <b>Contact Person:</b> _____  <b>Phone:</b> _____			<h3 style="text-align: center;">Payment Received by RF-OGM</h3> Payment Received: _____ Date Received: _____ Signature: _____

**Instructions:**

- print out this transmittal (deposit) slip
- **be sure to fill it out, indicating pertinent information in all areas**
- send, or take your checks for deposit to the Accounts Receivable area in the Office of Grants Management, W5510 Melville Library, Zip=3366
- the Grants Management staff will sign for the deposit and make a photocopy of it as your receipt.