THE FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION, INC.

874 Traditions Way P.O. Box 3064166 Tallahassee, FL 32306-4166

EXPENSE PAYMENT REQUEST (Use This Form for ALL Expenses EXCEPT Travel)

RF Account #: **Advance Payment?** ☐ YES ☐ NO

Payee: **Business FEID #:**

Is this payment for consultants, honorariums, professional services, or any other transaction subject to IRS reporting?

If yes, please provide Payee's social security number:

Payee Address (home address required, if individual):

Special Instructions for Payment:

University Contact Person: **Telephone Number:**

*****Business Expense Purpose/Justification (required):**

INVOICE/ REQUEST DATE	(REFERENCE 1) INVOICE NUMBER	REFERENCE 2 (9-Digits)	DESCRIPTION/EXPLANATION	AMOUNT
				$ 0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			TOTAL EXPENSES	$ 0.00 -
Complete This Section if "ADVANCE" Payment Made Earlier:				
Advance: Check #		**Check Date**	**LESS ADVANCE AMOUNT**	0.00
			NET AMOUNT TO PAY/(REFUND DUE TO FSURF)	$ 0.00 -

PAYEE CERTIFICATION (Required When Payee is Individual)

I certify that this claim is true and correct, and **(if this request is for personal services)** that I am not employed by FSU. I understand that I must return any unexpended funds and submit a Payment Request documenting use of funds issued in advance. By signing below, I certify that I have not and will not be reimbursed for the above expenses by any other organization or funding source.

Payee Date

(Signature Required When Payee is Individual)

APPROVALS

By signing below, I certify that the expenses claimed herein are appropriate and authorized in accordance with the purpose of the account being charged. In addition, I certify that the above expenses have not and will not be reimbursed by any other organization or funding agency.

Principal Investigator Date

(Approval/Signature Required for All Payments)

Dean,VP, Provost, or President Date

(If Payment Exceeds $10,000, Approval/Signature Required)

Supervisor, Dept Chair, Director, etc. Date

(If payment is to PI or Exceeds $2,500, Signature Requred)

Provost Date

(If Payment Exceeds $50,000, Approval/Signature Required)

THIS SECTION FOR RESEARCH FOUNDATION USE ONLY

Vendor Number

Category/Object Code

Check Void Information (if applicable)

Check# **Void Date**

Reissue Check : ☐ **YES** ☐ **NO**

Reason for Void:

Check Number

Check Date

ACCTG Date

ADMIN Date

FSURF BUSINESS OFFICE APPROVAL Date