SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION
INSTRUCTIONS FOR MISCELLANEOUS INCOME DISBURSEMENT REQUEST AND MISCELLANEOUS INCOME DISBURSEMENT REQUEST FOR MULTIPLE RECIPIENTS

READ THIS BEFORE COMPLETING FORMS

These forms are to be used to pay for prizes, awards, gifts, referees, umpires, judges, short-term guest lecturers, entertainers and royalties.

A guest lecturer is defined as "a recognized expert in a particular discipline, engaged to lecture a group, generally to supplement the lectures of the regular instructor". The lecturer's services must be extended over a short duration (one or two days, normally). Lecturers rendering services for more than five days are generally considered to be employees and must be paid through the regular payroll.

THESE FORMS MAY NOT BE USED TO PAY A CURRENT EMPLOYEE OF ANY CAMPUS OR AUXILIARY WITHIN THE CALIFORNIA STATE UNIVERSITY SYSTEM FOR SERVICES.

(These individuals must be paid as employees. Refer to Human Resources.)

THESE FORMS MAY NOT BE USED TO PAY INDEPENDENT CONTRACTORS EXCEPT FOR REFEREES, UMPIRES, JUDGES, SHORT-TERM GUEST LECTURERS OR ENTERTAINERS.

(Use the SDSURF "Independent Contractor Payment Authorization Request & Agreement Form" for payments to other independent contractors).

Individuals receiving payments through the use of these forms are acting on an independent basis and are not employees of SDSU Foundation. The individual is fully responsible for any taxes relating to the amounts paid. SDSU Foundation will only withhold federal or California personal income taxes if required by government regulations (i.e. non-resident or "back-up" withholding).

SDSU Foundation will track all payments and will issue a form "1099-MISC" at the calendar year end, in accordance with IRS guidelines .

SDSU RESEARCH FOUNDATION
MISCELLANEOUS INCOME DISBURSEMENT REQUEST

CHECK ONE:

☐ **CHECK**: Mailed to payee's address below

☐ **DIRECT DEPOSIT:** Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request

Please complete all items below. This form should not be used for independent contractor payments (Use SDSURF Independent Contractor Payment Request & Agreement Form). Forward completed document to SDSU Research Foundation Sponsored Research Administration, MC 1934.

SDSURF Inv# [   ]

DE by: [   ]

Date of Request:	Amount of Check: $
Payee's Legal Name:	Red ID:

Address Line One:

Address Line Two:

Address Line Three:	E-mail Address:
City:	State:	Zip Code:
Telephone Number:	Date of event or service:

Reason for payment (Participant payment, prize or award, etc.):

Payee's regular employer / employment:

Has payee been an employee of SDSURF or the CSU System within the last 18 months?　○ Yes　　○ No

If yes, please indicate where and when:

Is payee a resident alien or U.S. citizen? ○ Yes　　○ No	If no, complete and attach the Foreign National Information Form, W-8 and other required documents.	If previously submitted, indicate date of submission to SDSURF:
Is payee a CA resident? ○ Yes　　○ No	Will contracted services be performed in CA? ○ Yes　　　　　○ No	If no, please indicate the state/ country of performance:

NOTE: SDSURF may be required to withhold federal and/ or California income tax from all payments.

ACCOUNTING DISTRIBUTION

FUND		ACCOUNT	%	OR $ AMOUNT
			Check Total: $	

A conflict of interest exists in any situation in which a person having official responsibilities for SDSU Research Foundation is empowered to make decisions on behalf of their project/department and who, as a result of that authority, can potentially benefit personally, directly or indirectly, from an entity or person conducting business with SDSU Research Foundation. Any conflict must be disclosed in full and reviewed by the dean of the college. SDSU Research Foundation reserves the right to deny this payment to the individual(s) if the conflict cannot be mitigated. I certify that I will not receive any benefit, either directly or indirectly, from the individual(s) named above.

Project Signature:	**Date:**
SDSURF Signature:	**Date:**
Additional Signature:	**Date:**

For Emergency Use Only	P.O or G.E. Number:	Please choose one: (Final will close purchase order)　○ Final payment　　○ Partial Payment
CHECK DISTRIBUTION SDSURF - pick check up From: By:	**Below is for SDSURF Staff use only**	
	Vendor ID Number:	Vendor Invoice Date
	Vendor Invoice Number (15 characters may only use once):	
	Page 2 of 2	Check Due Date: