

**SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION INSTRUCTIONS FOR MISCELLANEOUS INCOME DISBURSEMENT REQUEST**

***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.

**THIS FORM SHOULD NOT BE USED IF YOU ARE AN EMPLOYEE OF THE SDSU RESEARCH FOUNDATION.**

**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 section in PaymentWorks

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.

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 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
Is payee a CA resident?		Yes	No
Will contracted services be performed in CA?		Yes	No
If no, please indicate the state / county of performance:			

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

**ACCOUNTING DISTRIBUTION**

FUND	ACCOUNT	%	OR \$ AMOUNT
<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>

Check Total \$

For Emergency Use Only

SDSURF – Check Pick up:

Contact Name:

Email/Phone #:

P.O. or G.E. Number:

Please choose one: (Final will close purchase order)

Final Payment

Partial Payment

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:**

Below is for SDSURF Staff use only

Vendor ID Number:

Vendor Invoice Date:

Vendor Invoice Number (15 characters may only use once):

Check Due Date: