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 FOR MULTIPLE RECIPIENTS

Print Form

THIS FORM IS TO BE USED EXCLUSIVELY FOR PAYMENTS TO U.S. CITIZENS AND RESIDENT ALIENS WHO RESIDE IN CALIFORNIA. NONRESIDENT ALIENS AND NON-CALIFORNIA RESIDENTS MUST BE PAID USING THE MISCELLANEOUS INCOME DISBURSEMENT REQUEST FORM FOR ONE RECIPIENT.

DE by:

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.

Check Run Date:		Vendor Invoice #:	
Date of Request:	Period Covered From:	To:	Due Date:
Specific Reason for Payment:			
Where will work be performed? Specify state / country:			

Payee's Legal Name:	Enter SDSU Red ID number **or** If Vendor Information Form has not been completed in the last (2) years, complete the attached Vendor Information Form:
Street Address:	Amount Due:
City, State, Zip Code:	SDSURF Inv #:
E-mail:	
Check One: ☐ Check: Mailed to payee's address above ☐ Direct Deposit: Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request	

Payee's Legal Name:	Enter SDSU Red ID number **or** If Vendor Information Form has not been completed in the last (2) years, complete the attached Vendor Information Form:
Street Address:	Amount Due:
City, State, Zip Code:	SDSURF Inv #:
E-mail:	
Check One: ☐ Check: Mailed to payee's address above ☐ Direct Deposit: Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request	

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

ACCOUNTING DISTRIBUTION

Fund	Org	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:**