

Payment Information

Date

Payee

(If new vendor, fax/hand deliver completed [PDR](#) to A/P.)

Payee Address

Amount

Expense Type List

**If the expense being requested for payment or reimbursement is not listed here, please submit a requisition for processing*

Purpose and Special Payment Instructions

*Membership/Subscription/Designated for:

Account Number	Organization	Activity	Natural Acct	Endeavor	Fund	Function	Reserved
							0000

Comment

Is there an agreement associated to this expense? Yes No If Yes, attach a copy of the completed agreement.

Authorization

Preparer <i>(*Active SDSU Employee with Oracle Access)</i>	Please Print	Phone Extension
	Signature	Date

ALL FAH APPROVAL WILL BE DONE THROUGH ORACLE

Payment authorization is in accordance with the SDSU Fiscal Authorization Hierarchy (FAH)

All university payments are mailed unless *direct deposit* is requested

Return completed form to:
 SDSU · Accounts Payable · 5500 Campanile Drive · MC-1611 · AD-116 · San Diego CA 92182
 Phone (619) 594-0894 · Fax (619) 594-4917
 Or
 Email completed form as PDF ATTACHMENT ONLY to sdsuapinv@sdsu.edu
 as Ingestion Email does not accept secure documents submitted through AdobeSign.
 Forms routed through AdobeSign please enter final email to accountspayable@sdsu.edu
Please do not email Supplier Information Form (PDR)