

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

Authorization

Please Print

Preparer

Phone Extension

(*Active SDSU
Employee with
Oracle Access)

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)