

**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    |
|                |              |          |              |          |      |          | <b>0000</b> |

Comment

**Authorization**

|   |              |                 |
|---|--------------|-----------------|
| Preparer<br><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](mailto: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](mailto:accountspayable@sdsu.edu)  
**Please do not email Supplier Information Form (PDR)**