

**Payment Information**

Date

Payee

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

Payee Address

Amount

Type

Purpose and Special  
Payment Instructions

\*Membership/ Subscription Designated for:

Account Number	Organization	Activity	Natural Acct	Endeavor	Fund	Function	Reserved
							<b>0000</b>

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](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)**