

**ACH TUITION PAYMENT/TRANSFER TO COST OF ED
50509**

Grad School Use Only: Cost of Ed Invoice Number: _____ Date: _____	Award for Cash Posting: 50509 AR Invoice Number: _____
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NOTE: Completed form to be submitted in Wolfmart using the Non-Encumbered Payment Form

NAME AND NUMBER: The Research Foundation of SUNY
Phone # 434-7050 Fax# 935-6705

TOTAL AMOUNT:	CURRENCY: USD
ORDERING CUSTOMER ADDRESS: (BY ORDER OF CUSTOMER)	RESEARCH FOUNDATION OF SUNY PO Box 9 ALBANY, NY 12201
ACCT WITH BANK (BENEFICIARY'S BANK)	KEY Bank
ABA Number	021300077
BENEFICIARY CUSTOMER NAME AND ACCOUNT # (TO BE CREDITED TO)	RESEARCH FOUNDATION SUNY at Stony Brook Supplier 4678 10970107

A COPY OF EACH STUDENT'S ACCOUNT MUST ACCOMPANY THIS FORM
GRAD SCHOOL FORM SUBMISSION DEADLINE: DAY 20 OF SEMESTER /LAST DAY OF SEMESTER

STUDENT NAME	STUDENT SB ID NUMBER	SEMESTER	AMOUNT
GRAND TOTAL:		\$	

Account to be charged: Project _____ Task _____ Award _____ Sponsor _____

Operations Manager/Delegate: _____ Date: _____ * A SECOND RF SIGNATURE REQUIRED IF OVER \$100,000.00*

Central Office: _____ Date: _____