



AWARD/PRIZE REQUEST

| Contact Information: |
|----------------------|
| Fund No.: |
| Contact Person: |
| Phone No: |

| Account | Fund | Department | Project |
|---------|------|------------|--------------------------|
| 660983 | - | - | - <i>for grants only</i> |

| Check Distribution/ Special Handling |
|---|
| Mail to payee's address |
| Hold/Call for Pick-up |
| Other: |

| MAKE CHECK PAYABLE TO: | |
|--|--|
| Name: | |
| Street Address: | |
| City: | State: |
| | ZIP Code: |
| Is payee a legal resident of the United States? | |
| Yes | Complete W-9 Form, and submit with first payment request. After that, W-9 will be on file and should not be resubmitted. |
| NO | Immigration Status: F-1 |
| | J-1 |
| | Other |
| | Passport No: |
| If payee is not a legal U.S. resident, this payment may be subject to 37% withholding. | |

| PAYMENT DETAILS | | |
|------------------|----------|---------------|
| AMOUNT REQUESTED | Semester | Academic Year |
| | | |

| Name or Description of Prize |
|------------------------------|
| |

Certification of Selection Process

This award/prize has been awarded in compliance with the selection process outlined by the donor and/or CSU, SFSU, and UCorp policies regarding awards and prizes.

 Print or Type Name

 Authorized Signature Date

ACCOUNTING USE ONLY

| | | |
|--------------|-----------------|-------------|
| Vendor: | Acct: | Enc Number: |
| Inv. No: | Inv Date: | Inv Amount: |
| P/F for Enc: | Reportable Amt: | Dup Inv: |
| Spec Msg: | | |

| Date Received By UCorp | Approved for Allowability | Date Received by A/P | A/P Processing |
|------------------------|---------------------------|----------------------|----------------|
| | | | |