



Check Deposit Form

In order to provide the Research Foundation with sufficient detail when depositing checks to your account, please complete the information below for each check that is to be deposited.

Instructions:

- ▶ All checks should be made payable to **"The Research Foundation of SUNY"**.
- ▶ **DO NOT** write on the back of the checks. We endorse the back of each check with our RF account information.
- ▶ Please **review each check** and money order for the appropriate date and signature.
- ▶ Please **indicate your RF Account number** on each check submitted for deposit.
- ▶ Please specify the reason for the deposit in the Reference column below.
For example: invoice, registration, clinic fees, etc .
- ▶ **Deliver to Susan Maerz, Grants Management, Bishop Hall Room 31 for verification of receipt.**
If Susan is not available please deliver to Gina Game, Administration, Bishop Hall Room 17.

Date:

Project Director:

RF Award No.

RF Project No.

	Check #	Amount	Payer	Reference
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	PAGE TOTAL	<input type="text"/>		Page # ____ of ____

FOR USE BY RESEARCH FOUNDATION ACCTS RECEIVABLE:

Received by

Date Received

Approved by AR Manager

Date of Deposit