



PAYMENT/REIMBURSEMENT REQUEST FORM

Select Payment Type:  CHECK  EFT

All University employees must select EFT. Please also submit EFT Authorization Form if first time being reimbursed by UWG Foundation.

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PAYEE (VENDOR) NAME: \_\_\_\_\_

Please also submit Vendor Profile Form or W-9 if first time being paid by UWG Foundation.

PAYEE (VENDOR) ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Foundation Account # F- \_\_\_\_\_ Account Name: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

UWG Foundation is not exempt from Georgia state sales & use tax. Please make sure vendor includes on invoice, if applicable.

Type of Expenditure: \_\_\_\_\_ (i.e., food, supplies, speaker fees, student award, etc.)

University or Business Purpose: \_\_\_\_\_

(i.e., interviewing Dean/Faculty dinner, venue rental for speaking series, student winner/scholarship, etc.)

Attendees & Affiliation, if applicable: \_\_\_\_\_

[If less than 12, please list attendees and their affiliation. If more than 12, please state name of group attending (i.e., COSM Faculty, Freshman Experience, etc.) AND attach event invitation/flyer/agenda/roster/etc. to substantiate attendees. Please put "see attached" if attendees are listed on support documentation.]

All receipts, invoices, and supporting documentation must be attached to Payment Request Form. Payment Requests submitted improperly will be returned to preparer via campus mail. Any remittance advice should be provided in duplicate. Special processing requests should be noted in space provided.

<p>Foundation Use Only</p> <p>Approved By: _____ Date: _____</p> <p>_____</p> <p>_____</p>		<p>Account Approval</p> <p>_____</p> <p>Approved By (Print Name) _____ Approved By (Signature) _____</p> <p>_____</p> <p>VP/Provost/ED - if required (Print Name) _____ Approved By (Signature) _____</p> <p>By signing above you are certifying that the above expenditure is in compliance with the UWG Foundation account purpose as specified by donor and with UWG Foundation policies and procedures.</p> <p>SPECIAL INSTRUCTIONS: _____</p> <p>_____</p> <p>_____</p>	
GL Account#	Amount		