

Click on the red/yellow target in each section for **HELP**

PAYMENT REQUEST



SEND TO: ACCOUNTS PAYABLE DEPARTMENT
 201 S. PRESIDENT'S CIR, RM 145 (Campus Loc: Park/145)
 SALT LAKE CITY, UT 84112-9003 (Phone: 801/581-6976)

DO NOT FILL IN SHADED AREAS.

PAYMENT INFORMATION	PAYMENT REQUEST NUMBER SAMPLE <small>(this number will appear on Management Reports)</small>	PAYEE INFORMATION	PAYEE NAME	PAYMENT IS FOR
	VENDOR NUMBER (IF KNOWN)		TRADE NAME (IF APPLICABLE)	IF SERVICES, LIST TYPE:
	INVOICE NUMBER		REMIT ADDRESS	VENDOR TYPE
	INVOICE DATE		CITY	DATES OF SERVICE
	INVOICE AMOUNT		STATE ZIP	CHECK BOX IF WORK PERFORMED OUTSIDE U.S. <input type="checkbox"/>
MAILING POLICY: Business or home addresses are required for consultants, independent contractors, & honoraria. Campus addresses are not allowed if the transaction is reportable under IRS guidelines.		PAYEE ID NUMBER (EIN, SSN, TIN OR uNID) OR Foreign State & Country Check this box if you want to make this payment on a separate check <input type="checkbox"/> Is this payment being made to or on behalf of an individual or organization that is a non resident alien? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give country of residence: If the non-resident information above is not complete, this request will be returned-unpaid.		

PURPOSE/EXPLANATION	Note: Business meals, refreshments, or entertainment expenses must include the names of attendees (if less than 10) or name of group and number in attendance, a detailed description, and dates of the function. Check here if you wish to print the text below on the payment advice (maximum of 70 characters).	PREPARER / CONTACT	Name and Employee ID (uNID)	
			eMail Address	
			Department (Include room and building)	
			Phone Number	Date

CHARTFIELD	BU	ORG	FUND	ACTIVITY	PROJECT	ACCOUNT	A/U	AMOUNT (\$)	1099 CODE
	TOTAL								

Each field must be filled in to properly allocate the payment. If all fields are not properly filled out, this request will be returned, resulting in unnecessary delays.

APPROVALS	Payee Signature (for reimbursements) Type or Print Payee Name, Employee ID (uNID) and eMail Address Original signature of payee for reimbursements I certify that these expenses were actual, necessary and reasonable and incurred for official business of the University and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.
	Authorized Signors: An Account Executive/PI (or Authorized Alternate) with the responsibility to approve and commit University funds must review and sign this form. Exceptions to University policy require approval by the appropriate Vice President.
	Authorized Signatory on the above chartfields Type or Print Signor's Name, Title, Employee ID (uNID) and eMail Address Date Signature verified by
	Second Signature or Authorization for Exceptions: Type or Print Signor's Name, Title, Employee ID (uNID) and eMail Address Date Signature verified by
Certification: We certify that we have reviewed claims associated with this payment request, have found them in compliance with University Regulations, any applicable laws and external regulations and any sponsoring agencies funding these activities or projects. We hereby authorize payment and attest to the truth of the statement herein.	

VOUCHER INFORMATION	This space is reserved for Accounts Payable		See Accounts Payable WEBSITE for Routing instructions and Required Approvals	FBS Department Name	FBS Reviewer	
	VOUCHER NUMBER	HOLD CODE		This space is reserved.		
	GROUP NUMBER	VENDOR NUMBER				
	TERMS	VENDOR LOCATION				
LARGE DOLLAR REVIEWER	VENDOR ADDRESS SEQUENCE NUMBER					

RESTRICTIONS AND REQUIREMENTS ON THE USE OF PAYMENT REQUESTS

Payment Requests are not intended to be used in lieu of, or as a substitute for Campus Orders, Limited Orders, PCard preferences, Purchase Requisitions, or Payroll forms. Obvious situations that involve employee/employer conditions must be paid through the Payroll Office. Accounts Payable will return Payment Requests for expenditures that should appear on a Campus Order, Limited Order, PCard, Requisition, or Payroll form. This will result in unnecessary delays. Payment Requests should be used in the following situations. (Check 'Procurement Options' on the Accounts Payable website for others.)

A. Consulting fees payable to an individual or organization under agreement to provide primarily professional services (including legal, accounting, and actuarial, scientific, engineering, etc., or technical advice to the university). (See discussion on Required Documentation under B. below.)

B. Independent Contractors. An independent contractor is an individual or organization under agreement to provide services at a stated price or rate. An independent professional contractor differs from an independent consultant in that the consultant's service is, for the most part, that of providing professional or technical advice, whereas the contractor's service is to perform specific tasks.

Required Documentation. Payment Requests payable to consultants or independent contractors require documentation consisting of employee/independent contractor classification checklist, professional services/consulting agreement, and an invoice from the consultant/ independent contractor. A dedicated chartfield account must be used for these expenses. (See Policy 3-111.)

C. Guest lecturers and performers fees. These must include a completed guest lecturer/performer agreement. A dedicated chartfield just be used for these expenditures. Guest Lecturers/Performers fees cannot be charged to a research project.

D. Honorariums. An honorarium is a payment made on a special and non-routine basis to an individual who is not an employee of the university to recognize outstanding achievement, demonstrate respect or esteem for the individual's status or position, or to acknowledge the contribution of gratuitous services to the university. A dedicated chartfield must be used for these expenses. A Payment Request for an honorarium payment in an amount over \$1,000 requires the approval signature of the cognizant vice president. (See Policy 3-062.)

E. Advance payments for services that require pre-payment prior to receiving the service, such as membership dues. A dedicated chartfield account must be used for membership dues (See Policy 3-192 Section IV. B.2.). All registration fees (except situations discussed below) should be paid on an appropriate Travel form (See Policy 3-030 Section III.F.).

F. Reimbursements for out-of-pocket disbursements. In order to request a reimbursement, the expense must be reasonable and necessary. It must also be verifiable and the expense must be incurred on behalf of the University. An original or copy of a receipt is required (See Policy 3-191 Section III.B.6.). Review the Purpose/Explanation discussion below if the expense is for business meals, refreshments, recruiting, or entertainment (See Policy 3-031).

Reimbursements for airfare, overnight lodging, personally paid registration expenses, car rental, or per diem must be processed through the Travel Department on a Travel Request/Reimbursement form (See Policy 3-030).

Payment Requests can be used for travel reimbursements for non-University employees who are authorized to travel on University business. (See Policy 3-030, Section III.F.5.).

Reimbursable costs when traveling within an area that will allow the traveler to return to work or home the same day including prepaid costs and cost reimbursements for items such as registrations, entertainment and automobile mileage. (See Policy 3-030 Section III.F.4.)

Finally, the payables system is limited to only one invoice reference per Payment Request.

PAYMENT INFORMATION	PAYMENT REQUEST NUMBER (INSERT AUTO NUMBER) <small>(this number will appear on Management Reports)</small>
	VENDOR NUMBER (IF KNOWN)
	INVOICE NUMBER
	INVOICE DATE
	INVOICE AMOUNT

MAILING POLICY: Business or home addresses are required for consultants, independent contractors, & honoraria. Campus addresses are not allowed if the transaction is reportable under IRS guidelines.

The **PAYMENT REQUEST NUMBER** will appear on your Management Reports under 'Transaction Description'.

The **VENDOR NUMBER** is available on the Vendor Lookup web application for existing vendors. Otherwise, leave blank.

Enter the **INVOICE NUMBER** that appears on the backup documentation. Otherwise, enter a unique value that means something to you in this box if no invoice is available.

Use the **INVOICE DATE** on the invoice or the date that this expenditure is approved if no invoice is available.

The **INVOICE AMOUNT** entered here must agree with the sum of the chartfield distributions.

Pay close attention to the **MAILING POLICY**.

PAYEE INFORMATION	PAYEE NAME	PAYMENT IS FOR
	TRADE NAME (IF APPLICABLE)	IF SERVICES, LIST TYPE:
	REMIT ADDRESS	VENDOR TYPE
	CITY	DATES OF SERVICE
	STATE	CHECK BOX IF WORK PERFORMED OUTSIDE U.S. <input type="checkbox"/>
	ZIP	HANDLING
	PAYEE ID NUMBER (EIN, SSN, TIN OR uNID) OR Foreign State & Country	Check this box if you want to make this payment on a separate check <input type="checkbox"/>
Is this payment being made to or on behalf of an individual or organization that is a non resident alien? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give country of residence:		
If the non-resident information above is not complete, the request will be returned-unpaid.		

The **PAYEE NAME** must agree with the corresponding name for the vendor number in the vendor file. If the vendor does not exist in the vendor file, then enter the vendor name on the backup documentation.

Enter the vendor's **TRADE NAME** if it is different than the **PAYEE NAME**. An example of a trade name would be if the vendor is doing business under 'Doritos', but the **PAYEE NAME** is 'PepsiCo' (a parent, peer, or subsidiary organization), or a company name

including DBA (doing business as). Feel free to use this box for the remit address line 1 if the vendor's remit address has more than one remit address line (i.e., 201 S Presidents Cir Rm 145, PO Box 2014) and the vendor has no **TRADE NAME**.

REMIT ADDRESS: Enter the vendor's remit street or post office address here. Use this box for remit address line 2 if the vendor has more than one address line as discussed above.

Do not enter the **STATE** if the vendor has a foreign address. (The first option in the 'State' selection is a blank.) Enter the payee's Foreign State and Country in the **PAYEE ID NUMBER** field instead.

PAYEE ID NUMBER: If the Payee is an individual and providing services for the University make sure you get a signed IRS Form W-9 from the vendor and enter their **Employer Identification Number** or **Taxpayer Identification Number** here. If the payee is a University employee or student, enter their EmplID or uNID here instead. Enter the vendor's State and Country in this space if the payment is going to a foreign vendor (i.e., 'Alberta, Canada' or 'France') and the vendor does not have a domestic taxpayer ID.

NON-RESIDENT ALIEN policy: The University of Utah must report all payments made to and in behalf of non-resident aliens to the Internal Revenue Service (IRS). This includes personal service payments and scholarships. Payments to or in behalf of non-resident aliens will be subject to tax withholding unless exempted pursuant to a tax treaty between their country of residence and the United States or exempted under Internal Revenue provision.

Make a selection from the **PAYMENT IS FOR** drop down options, which include reasons like Awards, Books, Consulting, Guest Lecturer, etc.

If the payment is for **services**, make sure that you enter the type like: Artist, musician, caterer, transcription, etc.

Select the **VENDOR TYPE** from the available options. This is important for IRS reporting purposes.

Enter the **DATES OF SERVICE** if the payment is for services, and check the box if the services were performed outside of the United States.

The **HANDLING** code is an important aspect of the payment process. It determines whether or not we send accompanying backup with the payment (Stuffers) among other important routing considerations.

SEPARATE check: Select this check box if you do not want this payment to be grouped with other payments due at the same time to the vendor.

PURPOSE/EXPLANATION	<p>Note: Business meals, refreshments, or entertainment expenses must include the names of attendees (if less than 10) or name of group and number in attendance, a detailed description, and dates of the function.</p>
	<p><input type="checkbox"/> Check here if you wish to print the text below on the payment advice (maximum of 70 characters).</p> <p style="text-align: center;">A COMPLETE EXPLANATION FOR THE PURPOSE OF THIS PAYMENT REQUEST IS REQUIRED IN THIS SPACE.</p>

Pay special attention to the **Note** at the top of this section. If the required explanation is incomplete, the Payment Request will be returned-unpaid.

Reimbursement requests for allowable out-of-pocket business meals should

be submitted within 60 (sixty) days of the event. The University does not reimburse third parties for employee's/student's out-of-pocket business expenses.

We can include a 70 character message on the payment advice that will help the vendor to determine the purpose of the payment. Check the box next to the notice if you wish to do so and print your message in double quotes ("*message*"). Kindly remember that **this message does not take the place of a thorough explanation for the expenditure**, which must also appear in this space.

An explanation such as 'see attached documentation' is not appropriate, because the Payment Request and documentation may be separated in-transit or during the document approval processes.

Include in this section a statement like "**STOP! DO NOT CONTACT THE VENDOR. CONTACT THE MANAGER OF ACCOUNTS PAYABLE OR PREPARER INSTEAD IF YOU NEED MORE INFORMATION IN ORDER TO PROCESS THIS PAYMENT REQUEST.**" in situations requiring sensitive discretion, such as payments to survivors.

PREPARER / CONTACT	Name and Employee ID (uNID)	
	eMail Address	
	Department (including room and building)	
	Phone Number	Date

The preparer must complete this section. Every element pertains to the preparer's University information. The Payment Request will not be processed unless this section is complete, which will result in unnecessary delays.

The Preparer's room and building location is important for routing correspondence.

The **Date** is the day that the Payment Request leaves the preparer's control and is not related to any other date on the form.

CHARTFIELD	BU	ORG	FUND	ACTIVITY	PROJECT	ACCOUNT	A/U	AMOUNT (\$)	1099 CODE
Each field must be filled in to properly allocate the payment. If all fields are not properly filled out, the request will be returned, resulting in unnecessary delays.							TOTAL		

Complete the chartfield columns as necessary. **Do not enter a 1099 CODE for the chartfield.** Any required fields left empty will result in unnecessary delays. The **TOTAL** field will sum all amounts in the four chartfields above.

APPROVALS	Payee Signature (for reimbursements)	Type or Print Payee Name, Employee ID (uNID) and eMail Address	
	I certify that these expenses were actual, necessary and reasonable and incurred for official business of the University and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.		
	Authorized Signors: An Account Executive/PI (or Authorized Alternate) with the responsibility to approve and commit University funds must review and sign this form. Exceptions to University policy require approval by the appropriate Vice President.		
	Authorized Signatory on the above chartfields	Type or Print Signor's Name, Title, Employee ID (uNID) and eMail Address	
	Date	Signature verified by	
Signature for Exceptions:	Type or Print Signor's Name, Title, Employee ID (uNID) and eMail Address		
Date	Signature verified by		
Certification: We certify that we have reviewed claims associated with this payment request, have found them in compliance with University's Regulations, any applicable laws and external regulations and any sponsoring agencies funding these activities or projects. We hereby authorize payment and attest to the truth of the statement herein.			

The **Payee Signature** is requested for all employee/student reimbursements, and should include a readable print of their name, uNID/EmplID, and email address.

Ask the payee to prepare, sign, and submit the following statement with their expense report and receipts if they are not available to sign the Payment Request:

<Date>

I <name, EmplID (if they have one), email> certify that these expenses were actual, necessary, reasonable and incurred for official business of the University of Utah and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.

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This certification must accompany the Payment Request. Click [here](#) for an example.

In most cases only one signature is required as an **Authorized Signor**. At least one of the authorized signors must have signatory authority for the above chartfields.

A Vice-President's signature is required for **Exceptions to University policy**.

The signatories appearing in this section are responsible for the terms appearing in the **Certification** appearing at the bottom of each section.

A person signing as an approver cannot approve a Payment Request payable to the approver. (See Policy 3-003 Section III.B.)

This space is reserved for Accounts Payable		FBS Department Name	FBS Reviewer
VOUCHER INFORMATION	VOUCHER NUMBER	HOLD CODE	See Accounts Payable WEBSITE for Routing instructions and Required Approvals
	GROUP NUMBER	VENDOR NUMBER	
	TERMS	VENDOR LOCATION	
	LARGE DOLLAR REVIEWER	VENDOR ADDRESS SEQUENCE NUMBER	

This space is reserved for payables and other reviewers. **Do not write in this space.** Payables: Look for the appropriate FBS approvals and reviewer initials.

SEE ACCOUNTS PAYABLE WEBSITE FOR IMPORTANT AUTHORIZED APPROVAL AND ROUTING INSTRUCTIONS