



# Accounts Payable

Procurement to Pay

## Accounts Payable & Procurement Methods

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The following pages are available to assist you in taking notes during the “Procurement to Pay” session.

1. Please print the attached pages and bring them to class. We also suggest bringing a highlighter and a red pen (or other contrasting color) to take notes on the pages.
2. For future reference, original forms can be found at these web pages:
  - a) Preferred Methods of Procurement Chart: <http://www.ap.admin.utah.edu/PaymentMethod.pdf>
  - b) Request for Limited Purchase Orders: <http://www.ap.admin.utah.edu/LPOAgreeF.pdf>
  - c) Request for Limited Purchase Checks: <http://www.ap.admin.utah.edu/LPCAgreeF.pdf>
  - d) Check request forms: <http://www.ap.admin.utah.edu/APForms.html#online>  
(*Select “Online forms” on this web page*)
3. We look forward to seeing you in class!

**Preferred Methods Of Procurement**

Type of Purchase

Campus Order  
 Check Request  
 Limited Purchase  
 Limited Purchase Check  
 Purchase Order  
 Purchasing Card  
 Requisition  
 Scholarship/Fellowship  
 Travel Request  
 Policy & Procedures

Additional Instructions

| Type of Purchase  | Campus Order   | Check Request  | Limited Purchase | Limited Purchase Check | Purchase Order  | Purchasing Card | Requisition | Scholarship/Fellowship | Travel Request | Policy & Procedures | Additional Instructions   |
|---|----------------|----------------|------------------|------------------------|-----------------|-----------------|-------------|------------------------|----------------|---------------------|---|
| Academic Membership Dues  | ✓ <sup>P</sup> | ✓              | ✓ <sup>R</sup>   | ✓                      |                 |                 |             |                        |                |                     | 4-4 See footnote 1 below.   |
| Advance Deposits  | ✓ <sup>P</sup> |                | ✓ <sup>R</sup>   | ✓                      |                 |                 |             |                        |                |                     |   |
| a. Conferences  |                |                | ✓                | ✓                      |                 |                 |             |                        |                |                     | 3-10  |
| b. Payments   |                |                |                  |                        |                 |                 |             |                        |                |                     | Advance payments may not be made except to specified government agencies, vendors with minimum prepayment requirements and in certain other cases as determined appropriate by the Purchasing Department.   |
| c. Restaurants  |                |                | ✓                | ✓                      | ✓ <sup>R6</sup> | ✓               |             |                        |                |                     |   |
| Advertisements  |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. Programs & Billboards  |                |                | ✓                | ✓                      | ✓               |                 |             |                        |                |                     |   |
| b. Employee Recruitment   |                |                | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  | ✓ <sup>P</sup>  |             |                        |                |                     | 2-2 HR must approval advertising for staff positions  |
| Airline tickets   |                |                |                  |                        | ✓ <sup>R</sup>  |                 |             |                        |                |                     | 3-10 See Travel Policy  |
| Alcoholic Beverages   |                |                | ✓                | ✓                      | ✓ <sup>R6</sup> |                 |             |                        |                |                     | 3-11 Not allowed using state appropriated funds. Any purchase of alcoholic beverages for entertainment or recruiting purposes requires Dean or Director's written approval.   |
| Awards  |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. Monetary   |                | ✓              | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         |                 |                 |             |                        |                |                     | Call Tax Services first.  |
| b. Plaques, etc.  |                |                | ✓                | ✓                      |                 |                 |             |                        |                |                     |   |
| Blood Donors  |                | ✓              |                  |                        |                 |                 |             |                        |                |                     |   |
| Books   |                |                | ✓                | ✓                      | ✓               |                 |             |                        |                |                     |   |
| Bottled Water Services  |                |                | ✓                | ✓                      | ✓ <sup>P</sup>  |                 |             |                        |                |                     |   |
| Campus Purchases  | ✓ <sup>P</sup> | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓               | ✓ <sup>R</sup>  |             |                        |                |                     | 4-9 Bookstore, Chartwell's, & Guest House prefer the Purchasing Card.   |
| Capital Equipment   |                |                |                  |                        |                 |                 |             |                        |                |                     | 4-16  |
| Insurable \$1,000 - \$4,999   | ✓              |                | ✓ <sup>R</sup>   | ✓                      | ✓               | ✓               |             |                        |                |                     |   |
| Greater than \$5,000  |                |                |                  |                        |                 |                 |             |                        |                |                     | ✓ <sup>P</sup>  |
| Cash Advances for Travel  |                | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  |                 |             |                        |                |                     | 3-10 Contact the Travel Department  |
| Coffee Services   |                |                | ✓ <sup>2</sup>   | ✓ <sup>2</sup>         | ✓ <sup>2</sup>  |                 |             |                        |                |                     |   |
| Communications  |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. Telephones   |                |                | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R3</sup> |                 |             |                        |                |                     | 4-2 Use a Telephone Equipment Order for telephones, pagers, and cellular telephones and send to Telecommunications.   |
| b. Pagers   |                |                |                  |                        | ✓               |                 |             |                        |                |                     |   |
| c. Cellular Telephones  |                |                |                  |                        | ✓ <sup>R3</sup> |                 |             |                        |                |                     |   |
| d. Two-way Radios   |                |                |                  |                        |                 | ✓ <sup>P</sup>  |             |                        |                |                     | Requires Plant Operations approval.   |
| Compressed or Liquid Gas  | ✓ <sup>R</sup> | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  | ✓ <sup>P</sup>  |             |                        |                |                     | 4-4 All compressed or liquid gases must be procured from stores and receiving.  |
| Computer Hardware < Capital or Insurable Equipment Spending Limit     |                |                | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     | Purchase > \$1,000 are insurable assets and should be recorded in the appropriate expense account.  |
| Computer Software < Capital Spending Limit                            |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. Programs   | ✓ <sup>4</sup> |                | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     |   |
| b. Licensing  | ✓ <sup>4</sup> |                | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     |   |
| Consultants/Independent Contractors                                   |                | ✓ <sup>P</sup> |                  |                        | ✓ <sup>R</sup>  | ✓ <sup>R</sup>  |             |                        |                |                     | 4-14 Must use Checklist and Agreement   |
| Construction or Remodeling  |                |                |                  |                        | ✓ <sup>R</sup>  | ✓ <sup>P</sup>  |             |                        |                |                     | 1-2   |
| Controlled Substances (Drugs, chemicals, etc.)                        | ✓ <sup>R</sup> | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  | ✓ <sup>P</sup>  |             |                        |                |                     | 4-4 A DEA license is required for their purchase.   |
| Corrections or adjustments to the General Ledger                      | ✓ <sup>R</sup> |                |                  |                        |                 |                 |             |                        |                |                     | A journal entry is required.  |
| Deposit Refunds   |                | ✓              | ✓                |                        |                 |                 |             |                        |                |                     |   |
| Employee Benefits (Entertainment, Tuition, or Gifts (except flowers)) |                |                |                  |                        |                 | ✓ <sup>R</sup>  |             |                        |                |                     |   |
| Equipment Rental  |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. One time rental/payment  |                |                | ✓                | ✓                      | ✓               |                 |             |                        |                |                     | One invoice per LPC or LPO.   |
| b. Multiple payments for the same equipment                           |                |                |                  |                        | ✓               | ✓               |             |                        |                |                     | 4-2 Ask for a blanket order   |
| Fabricated Equipment  |                |                |                  |                        | ✓ <sup>R</sup>  |                 |             |                        |                |                     |   |
| Fellowships   |                | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  | ✓ <sup>R</sup>  |             | ✓ <sup>P</sup>         |                |                     | 3-22 Application for Scholarship/Fellowship form  |
| Fines, parking tickets  |                | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  | ✓ <sup>R</sup>  |             |                        |                |                     | 3-6 & 5-3 Drivers of university vehicles shall be personally responsible for fines, forfeitures of bail, or other penalties based upon parking and traffic violations and citations or other infractions or violations of law involving the use of university motor vehicles. |
| Flowers   |                |                | ✓                | ✓                      | ✓               |                 |             |                        |                |                     |   |
| Food/Meals  |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. Business Meals <sup>5</sup>  | ✓              |                | ✓                | ✓                      | ✓ <sup>R6</sup> | ✓               |             |                        |                |                     | 3-10 See footnote 2 below.  |
| b. Office Functions <sup>5</sup>                                      | ✓              |                | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     | 3-11 See footnote 2 below.  |
| c. Recruitment  |                | ✓              | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     | 3-11  |
| d. Reimbursements   |                | ✓ <sup>7</sup> |                  |                        |                 |                 |             |                        |                |                     | 3-11  |
| Foreign Purchases   |                | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓               | ✓ <sup>P</sup>  |             |                        |                |                     | 4-4 Customs or tariff charges may need to be paid.  |
| Freight   |                | ✓              | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     | If items were purchased on a purchase order then pay the freight on the PO. Otherwise, send the freight bills directly to Accounts Payable.   |
| Gases (Compressed or Liquid)  | ✓ <sup>R</sup> | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  | ✓ <sup>P</sup>  |             |                        |                |                     | All compressed or liquid gases must be procured from stores and receiving.  |
| Gifts (except flowers for condolence)                                 |                |                |                  |                        |                 | ✓ <sup>R</sup>  |             |                        |                |                     |   |
| Guest Lecturers   |                | ✓ <sup>P</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  |                 |             |                        |                |                     | 3-24 Must use Guest Lecturer/Performer agreement  |
| Honorariums   |                | ✓ <sup>P</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  |                 |             |                        |                |                     | 3-24 Must use Guest Lecturer/Performer agreement  |
| Insurable Equipment   | ✓              |                |                  | ✓                      | ✓               | ✓               |             |                        |                |                     |   |
| Insurance   |                | ✓              |                  |                        |                 |                 |             |                        |                |                     |   |
| Lab Supplies  |                |                | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     |   |
| Legal Fees  |                | ✓              |                  |                        |                 |                 |             |                        |                |                     | 4-14 Must use Consulting Checklist and Agreement  |
| License Renewal Fees  |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. Professional   |                | ✓              | ✓                |                        | ✓               |                 |             |                        |                |                     |   |
| b. Institutional  |                | ✓              | ✓                |                        | ✓               |                 |             |                        |                |                     |   |
| c. Drug (DEA)   |                | ✓              | ✓                |                        | ✓               |                 |             |                        |                |                     |   |
| Live Animals  | ✓ <sup>R</sup> | ✓ <sup>R</sup> | ✓ <sup>R</sup>   | ✓ <sup>R</sup>         | ✓ <sup>R</sup>  | ✓ <sup>P</sup>  |             |                        |                |                     | 4-4 Requisitions for the purchase of research animals require the approval of the director of the Animal Resources.   |
| Maintenance   |                |                |                  |                        |                 |                 |             |                        |                |                     |   |
| a. Agreements   |                |                | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     | One Payment per LPO. Otherwise, prepare a requisition and ask for a blanket order.  |
| b. One time repairs   | ✓              |                | ✓                | ✓                      | ✓               | ✓               |             |                        |                |                     | If the repair is over the bid limit or is on a machine that has hazardous or radioactive materials, then prepare a requisition.   |

**Preferred Methods Of Procurement**

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 Policy & Procedures

Additional Instructions

| Type of Purchase   | Campus Order   | Check Request  | Limited Purchase Check | Limited Purchase Order | Purchasing Card | Requisition    | Scholarship/Fellowship | Travel Request | Policy & Procedures | Additional Instructions   |
|--|----------------|----------------|------------------------|------------------------|-----------------|----------------|------------------------|----------------|---------------------|---|
| Medical Services   | √ <sup>P</sup> | √ <sup>I</sup> | √ <sup>R</sup>         | √ <sup>I</sup>         |                 |                |                        |                |                     | 4-4 See footnote 1 below.   |
| Memberships  |                |                |                        |                        |                 |                |                        |                |                     | 3-12 Tax Questions?   |
| Moving Expenses  |                |                |                        |                        |                 |                |                        |                |                     |   |
| a. Moving Companies  |                |                |                        |                        |                 |                |                        |                |                     |   |
| b. Reimbursements  |                |                |                        |                        |                 |                |                        |                |                     |   |
| Non-denatured ethyl alcohol  |                |                | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>P</sup> |                        |                |                     | 4-4   |
| Performers (Individual and Groups)                                   |                | √ <sup>P</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  |                |                        |                |                     | 3-24 Must use Guest Lecturer/Performer agreement  |
| Personal Purchases   |                |                |                        |                        |                 |                |                        |                |                     | 4-1 Not allowed.  |
| Petty Cash reimbursements  |                |                |                        |                        |                 |                |                        |                |                     | 3-21 Must use Petty Cash Reimbursement form.  |
| Printing and Copying   |                |                |                        |                        |                 |                |                        |                |                     |   |
| Purchases from an off-campus vendor                                  | √ <sup>R</sup> | √ <sup>I</sup> | √ <sup>I</sup>         | √ <sup>I</sup>         | √ <sup>I</sup>  | √ <sup>I</sup> |                        |                |                     |   |
| Purchases amounting to more than document or bid limits              |                |                | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>P</sup> |                        |                |                     |   |
| Radioactive isotopes   | √ <sup>R</sup> | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>P</sup> |                        |                |                     | 4-4 Radioactive material and radiation-generating equipment may be requisitioned with the standard university requisition form.     |
| Registrations  |                |                |                        |                        |                 |                |                        |                |                     | 3-10  |
| a. Local Seminars - Non-Travel related                               |                | √ <sup>I</sup> | √ <sup>I</sup>         | √ <sup>I</sup>         | √ <sup>I</sup>  | √ <sup>I</sup> |                        |                |                     |   |
| b. Conference (related to travel)                                    |                |                |                        |                        |                 |                |                        |                |                     | If there will be travel expenditures related to the conference, then prepare a travel request and send it to the Travel Department. |
| c. Conference fees (no travel expenditures)                          |                | √ <sup>I</sup> | √ <sup>I</sup>         | √ <sup>I</sup>         | √ <sup>I</sup>  | √ <sup>I</sup> |                        |                |                     |   |
| Reimbursements   |                | √ <sup>P</sup> | √ <sup>I</sup>         |                        |                 |                |                        |                |                     | Must be approved by next higher authority.  |
| Rents/Lease (space rental, real property, etc.)                      |                |                |                        |                        |                 |                |                        |                |                     | Consult with the Director of Research Park first.   |
| Repair or alterations of University physical facilities              |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>P</sup> |                        |                |                     | 1-2 & 4-3 Contact Campus Planning.  |
| Reprint fees (Manuscript and Page charges)                           |                | √ <sup>I</sup> | √ <sup>I</sup>         |                        | √ <sup>I</sup>  |                |                        |                |                     |   |
| Research Subjects (Payments to People)                               |                | √ <sup>I</sup> | √ <sup>I</sup>         |                        |                 |                |                        |                |                     | Requires IRS Form W-9   |
| Restricted items as outlined in PPM 4-4                              |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         |                 | √ <sup>P</sup> |                        |                |                     | 4-4   |
| Royalties  |                | √ <sup>I</sup> | √ <sup>I</sup>         |                        |                 |                |                        |                |                     |   |
| Scholarships   |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  |                | √ <sup>P</sup>         |                |                     | 3-22 Application for Scholarship/Fellowship form  |
| Services provided by University faculty, staff, or students          |                |                |                        |                        |                 |                |                        |                |                     | 2-67 Process through payroll.   |
| Services, such as repairs, custodial, plant maintenance, etc         |                | √ <sup>I</sup> | √ <sup>I</sup>         | √ <sup>I</sup>         | √ <sup>I</sup>  | √ <sup>I</sup> |                        |                |                     |   |
| Slide Reproductions (Photography)                                    |                |                |                        |                        |                 |                |                        |                |                     |   |
| Social Dues  |                | √ <sup>I</sup> | √ <sup>I</sup>         |                        |                 |                |                        |                |                     |   |
| Stipends (heretofore referred to as Scholarships/Fellowships)        |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  |                | √ <sup>P</sup>         |                |                     | 3-22 Application for Scholarship/Fellowship form  |
| Student Events   |                |                |                        |                        |                 | √ <sup>R</sup> |                        |                |                     |   |
| Subscriptions  |                | √ <sup>I</sup> | √ <sup>I</sup>         |                        |                 | √ <sup>I</sup> |                        |                |                     |   |
| Supplies (Office)  |                |                |                        |                        |                 | √ <sup>P</sup> |                        |                |                     |   |
| Temporary Services (Employment Agencies)                             |                | √ <sup>I</sup> | √ <sup>I</sup>         | √ <sup>I</sup>         | √ <sup>I</sup>  | √ <sup>I</sup> |                        |                |                     | Cannot work more than nine months.  |
| Travel (lodging, hotels, motels, restaurants, airline tickets, etc.) |                |                |                        |                        |                 | √ <sup>8</sup> |                        |                |                     |   |
| Travel Reimbursements for University employees or guests             |                |                |                        |                        |                 |                |                        |                |                     | 3-10 Travel Flow Chart  |
| Airfare procurement  |                | √ <sup>I</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     | A check request is acceptable upon approval of Travel Manager   |
| Airfare Early Reimbursement (employee, prior to trip)                |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     |   |
| Airfare Early Reimbursement (non-employee, prior to trip)            |                | √ <sup>9</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     |   |
| Conference Registration (employee, prior to trip)                    |                | √ <sup>R</sup> | √ <sup>I</sup>         | √ <sup>R</sup>         | √ <sup>I</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     |   |
| Conference Registration (non-employee, prior to trip)                |                | √ <sup>9</sup> | √ <sup>9</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     | Travel form is required when airfare is booked with a travel form.  |
| Early Trip Reimbursement (employee, prior to trip)                   |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     |   |
| Early Trip Reimbursement (non-employee, prior to trip)               |                | √ <sup>9</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     | Travel form is required when airfare is booked with a travel form.  |
| Final Trip Reimbursement (employee, after trip)                      |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     |   |
| Final Trip Reimbursement (non-employee, after trip)                  |                | √ <sup>9</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     | Travel form is required when airfare is booked with a travel form.  |
| Hotel Deposit (employee, prior to trip)                              |                | √ <sup>R</sup> | √ <sup>I</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     | All overnight-stay trips must be processed on a travel form.  |
| Hotel Deposit (non-employee, prior to trip)                          |                | √ <sup>9</sup> | √ <sup>9</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> | √ <sup>P</sup>         |                |                     | Travel form is required when airfare is booked with a travel form.  |
| Local mileage (Not travel expense)                                   |                | √ <sup>I</sup> | √ <sup>I</sup>         |                        |                 |                |                        |                |                     | A travel log is required (date, start and destination points, purpose)  |
| Tuition  |                |                |                        |                        |                 | √ <sup>R</sup> |                        |                |                     |   |
| Utility Bills (monthly charges for Gas, Elec., etc.)                 |                |                |                        |                        |                 | √ <sup>I</sup> |                        |                |                     | Send directly to Accounts Payable.  |
| Vehicle Rentals  |                |                | √ <sup>R</sup>         | √ <sup>R</sup>         | √ <sup>R</sup>  | √ <sup>R</sup> |                        |                |                     | 3-10 Contact the Travel Department for insurance information.   |
| Workstations with panels   |                | √ <sup>R</sup> | √ <sup>R</sup>         | √ <sup>R</sup>         |                 | √ <sup>P</sup> |                        |                |                     | Cubicals with laminated work surfaces and sound proof enclosures.   |

√<sup>P</sup> Preferred. The use of this document is preferred for this type of purchase.

√<sup>R</sup> Restricted. This method of procurement CANNOT be used for this purpose.

√ Acceptable. Prerequisites must be met.

A blank under any method is not prohibited, yet it may not be fitting for the purpose and is thus discouraged. This alternative requires additional documentation to justify your choice of methods  
 A Requisition can be used in any circumstance except where a specific form is required or specified.

<sup>1</sup> New memberships must be approved by the cognizant dean, director, or designee, or, in the case of the University Hospital personnel, by the hospital administrator. Subsequent payments for renewing memberships already approved as described above can be approved in writing by the member's supervisor.

<sup>2</sup> As with all transactions, refreshments must be purchased for a legitimate business purpose and must be allowed by the particular funding source. In addition, when University staff members are involved, purchases should be prudent and infrequent so as to satisfy IRS requirements that there was no taxable benefit to the employee.

<sup>3</sup> Telephone equipment, installation, or service on campus (regular or cellular) is prohibited unless NetCom pre-approves in writing.

<sup>4</sup> The Campus Order is acceptable for software licensed and purchased through the University Bookstore or Office of Software Licensing

<sup>5</sup> Use a Campus Order for Food and Beverage that is purchased from campus catering services or restaurant facilities. Chartwell's prefers the Purchasing Card.

<sup>6</sup> Business meals are prohibited except by special exemption from the Purchasing Card program. Contact the Purchasing Department (581-7241) to apply for access to this feature. See <sup>2</sup> above.

<sup>7</sup> The check request or travel reimbursement request for reimbursement of recruitment and entertainment expenses must be signed by the employee who incurred the expense and by the cognizant dean, director, or vice president. If such expenses were incurred by a dean or director, approval authority shall reside with the cognizant vice president, and if by a vice president, with the president or such officer as the president may designate.

<sup>8</sup> University Guest House is acceptable.

<sup>9</sup> Guests of the University should provide original receipts, a detailed itinerary or accounting of expenditures.



Accounts Payable  
REQUEST FOR LIMITED PURCHASE ORDERS (LPOs)

DATE DEPARTMENT NAME  
DEPARTMENT PHONE NUMBER CAMPUS ADDRESS DELIVERY CODE

Agreement

I accept custody of these Limited Purchase Orders with the understanding that I am personally accountable for the blank forms. I further commit that I will not redistribute blank Limited Purchase Order stock entrusted in my possession in order to supply another employee's working supply of blank forms.

CUSTODIAN'S EMPLOYEE ID LPO CUSTODIAN'S PRINTED NAME AND SIGNATURE  
LPO CUSTODIAN'S PHONE # CUSTODIAN'S EMAIL ADDRESS

University policy and procedures provide guidelines for utilizing Small, Minority, & Women-owned businesses. It also has guidelines for small dollar purchases. My department accepts responsibility for following these policies and for the improper use, theft, or loss of the Limited Purchase Orders that are released to us. You are authorized to charge my Default Chartfield for the full amount of the Limited Purchase Order when we do not allocate the amount on the Limited Purchase Order copy, or otherwise do not have adequate funding in an account within the allocation, or when you do not receive a completed LPO within three days after receiving an applicable invoice from the vendor. I further understand that violations of the Limited Purchase Order policy (University Policy and Procedure 4-3) will result in the loss of their use, and that improper use of the Limited Purchase Order may result in disciplinary action up to and including termination of employment and full restitution to the University for all related sustained losses.

DEFAULT CHARTFIELD  
SIGNATORY'S EMPLOYEE ID PRINTED NAME AND SIGNATURE OF THE AUTHORIZED SIGNATORY FOR THE DEFAULT CHARTFIELD  
SIGNATORY'S EMAIL ADDRESS

Number of LPO's requested:  
Beginning/ending LPO numbers: Kindly limit the request to a number than can be used within six months  
This order was filled by:  
The LPO's were delivered to: (SIGNATURE)  
The LPO's were delivered on: (Date)

Provide the Payee's Social Security Number (SSN) or Federal Tax Identification Number (TIN) as appropriate: \_\_\_\_\_

**Business meals, refreshments, recruiting, or entertainment expenses** must include in this section the names of the attendees (if less than 10) or name of group and number in attendance, a detailed description of the business purpose of the meeting, and the dates of the function.

----- Accounting Distribution -----

| BU(2) | ORG (5) | FUND (4) | ACTIVITY (5) | PROJECT (8) | ACCOUNT (5) | A/U(1) | YEAR (4) | AMOUNT (\$) /% |
|-------|---------|----------|--------------|-------------|-------------|--------|----------|----------------|
|       |         |          |              |             |             |        |          |                |
|       |         |          |              |             |             |        |          |                |
|       |         |          |              |             |             |        |          |                |
|       |         |          |              |             |             |        |          |                |

IS THIS PAYMENT IN BEHALF OF A NON-U.S. CITIZEN OR GREENCARD HOLDER?  
YES  NO   
IF YES, THEN PLEASE GIVE:  
NAME: \_\_\_\_\_  
COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
U.S. SOCIAL SECURITY # OR ITIN: \_\_\_\_\_

**TOTAL NOT TO EXCEED \$5,000 or 100%**

TOTAL

DETACH

Detach original and give lower portion only to vendor. Discard the top stub of original.

DETACH

DEPT. OR PROJECT:  
LOCATION:  
NAME:  
PHONE NUMBER: (801)

**LIMITED PURCHASE ORDER  
UNIVERSITY OF UTAH**

Accounts Payable  
201 S Presidents Cir Rm 405  
Salt Lake City, UT 84112-9024

**PURCHASE ORDER NUMBER**  
THIS NUMBER MUST APPEAR ON ALL INVOICES,  
CORRESPONDENCE, PACKING SLIPS, ETC.

**LO-**

**ORDER NOT VALID AFTER SIX (6) MONTHS**

DATE:

Γ

TO:

L

**Deliver or ship prepaid all merchandise to:**  
UNIVERSITY OF UTAH

SALT LAKE CITY, UTAH 84112

**Send invoices in duplicate to:**

ACCOUNTS PAYABLE DEPT.  
201 S PRESIDENTS CIR RM 405  
SALT LAKE CITY, UTAH 84112-9024

**TOTAL NOT TO EXCEED \$5,000**

THIS ORDER IS SUBJECT TO THE UNIVERSITY'S STANDARD TERMS AND CONDITIONS SET FORTH AT:  
<http://www.purchasing.utah.edu/supplier/terms.html>. WHICH TERMS AND CONDITIONS ARE INCORPORATED INTO THIS ORDER AND ARE DEEMED RESTATED IN THEIR ENTIRETY HEREIN.

Quantity                      Catalog Number and Detailed Description of Goods/Services                      Estimated Price: \$

Is this a confirmation of an order placed by telephone? \_\_\_\_ Yes \_\_\_\_ No  
IF YES: Order was placed with:

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**NOT VALID ON A LIMITED PURCHASE ORDER:**  
THIS ORDER IS NOT VALID FOR THE PURCHASE OF FOREIGN GOODS, RADIOACTIVE ISOTOPES, LIVE ANIMALS, CONTROLLED SUBSTANCES, COMPRESSED OR LIQUID GAS, PERSONAL SERVICES AND OTHER LIMITATIONS IN ACCORDANCE WITH PPM 4-3 AND 4-4.

THE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER  
**State of Utah Sales Tax**  
**Exemption Number: 20203**  
**Fed. Tax ID #87-6000525**

To the best of my knowledge, the purchase of the above items will not result in a conflict of interest as defined in PPM 4-8.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TYPE/PRINT NAME and TITLE

(801) \_\_\_\_\_  
PHONE NUMBER

**ORIGINAL TO VENDOR**

**DIRECTIONS FOR PREPARATION AND USE  
OF LIMITED PURCHASE ORDER FORM  
NOT TO EXCEED \$5,000**

*(See Policy and Procedures Manual No. 4-3)*

**PREPARATION**

- A. All orders must:
1. Be typewritten--give complete and accurate description.
  2. Include a valid chartfield string. If the amount of the LPO is allocated between several chartfields, indicate the dollar amount to be charged to each one. **Required chartfields left blank or amounts incorrectly allocated will result in your default chartfield string being charged.**
  3. Have vendor name and address.
  4. Show estimated total cost of order --must not exceed \$5,000.
  5. Be signed (not stamped) by the individual authorized to sign on the chartfield(s) used.
  6. Have the "Confirmation" section filled in as applicable.
- B. This order is valid for purchases of \$5,000 or under. Multiple orders may not be combined to purchase a single item or a total order in excess of \$5,000.
- C. Preparation of a requisition is not necessary.
- D. **Improper use of Limited Purchase Orders will result in the withdrawal of such privileges.**

**DISTRIBUTION OF COPIES**

- A. Tear off the ORIGINAL at the perforation and mail or deliver to the vendor (destroy the top stub).
- B. The SECOND COPY is to be sent immediately to Accounts Payable, 405 Park Building.
- C. The THIRD COPY is retained by the issuing department as a departmental file copy.
- D. Destroy the original and accounts payable copies of voided/canceled orders.

**UNAUTHORIZED PURCHASES**

The following items may not be ordered on this type of purchase order, but should be requisitioned on a regular requisition through the Purchasing Department. In accordance with PPM 4-3, *"Persistent improper use of [\$5,000] purchase orders by university operating units may result in withdrawal of their privilege to use this means of making small purchases."*

- |  |   |
|--|---|
| A. Purchases over \$5,000  | J. <b>Construction</b> , including window and floor coverings                         |
| B. Non-Denatured Ethyl Alcohol   | K. Restricted items as outlined in Policy and Procedures 4-4                          |
| C. Telephone Installations   | L. Memberships (use Check Request form from Accounts Payable, 1-6976)                 |
| D. Foreign purchases   | M. Purchases requiring advance payments   |
| E. Radioactive Isotopes  | N. Requests for campus services (use Campus Order form from Accounts Payable, 1-6976) |
| F. Live Animals  | O. Ads for personnel recruiting (Staff or Academic)                                   |
| G. Controlled items (drugs, narcotics, etc.)   |   |
| H. Compressed or Liquid Gas  |   |
| I. <b>Workstations with panels</b> such as cubicles with laminated work surfaces and sound proof enclosures. This does not include computer equipment. |   |

**BUSINESS MEALS, REFRESHMENTS, RECRUITING OR ENTERTAINMENT**

All expenditures for business meals, refreshments, recruiting or entertainment require the approval of the next higher authority. A dean or higher authority must approve the expenditure if alcohol is served, or the purpose of the meeting is recruiting or entertainment. The meeting is considered "entertainment" if the purpose of the meeting is relaxation or amusement, even though food is served, or if other parties are present, such as spouses or related children. Please read and follow the instructions below carefully:

- A. In the space provided at the top of the form, list the names of those in attendance (if 10 or less), or give the number of people in the group and a complete description of who they are. Descriptions must be complete.
- B. Also provide the date and a detailed description of the business purpose of the meeting. Attach any available documentation that would further describe the business purpose (e.g. agenda or brochure).
- C. Avoid using abbreviations and acronyms.

**PAYMENT TO OR IN BEHALF OF NON-RESIDENT ALIENS**

**The University of Utah must report all payments made to and in behalf of non-resident aliens to the Internal Revenue Service (IRS).** Payments on 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.

**CLAIMING EXEMPTIONS:** If the payment is exempted by tax treaty, the non-resident must provide the University with a completed and signed form 8233 (may be obtained from Tax Services, 401 Park Building).

**PROCESSING TIME:** To allow for sufficient processing time and to adhere to a waiting period as required by the IRS, a completed and signed form 8233 and applicable statements must be in the office of Tax Services *three (3) weeks* prior to the date payment is due.

**INSTRUCTIONS:**

- A. Call Tax Services at 581-5414 for information regarding tax provisions for non-resident aliens.
- B. Complete form 8233, if applicable. Attach the following:
  1. copy of I-9 form (front & back)
  2. copy of visa
  3. copy of social security card or individual taxpayer identification card.
- C. Submit completed form 8233 with all required items to Tax Services, 401 Park Building.

**TAXES WITHHELD:** In the event that the non-resident alien (1) does not choose to file form 8233 and/or (2) does not qualify for an exemption, taxes as required by the IRS **will be withheld and remitted** to the IRS.



ACCOUNTS PAYABLE

REQUEST FOR LIMITED PURCHASE CHECKS

DATE DEPARTMENT NAME DEPARTMENT PHONE NUMBER CAMPUS ADDRESS DELIVERY CODE

Agreement

I accept custody of these Limited Purchase Checks with the understanding that I am personally accountable for the checks. I further assert that I have read the User's Guide and understand that I will immediately forfeit my privileges in this program if I or any of my assigns prepare a check for an amount that is greater than the face value of the check.

CHECK CUSTODIAN'S EMPLOYEE ID CHECK CUSTODIAN'S PRINTED NAME AND SIGNATURE CHECK CUSTODIAN'S PHONE # CUSTODIAN'S EMAIL ADDRESS

University policy and procedures provide guidelines for utilizing Small, Minority, & Women-owned businesses. It also has guidelines for small dollar purchases. My department accepts responsibility for following these policies and for the improper use, theft, or loss of the Limited Purchase Checks that are released to us. In the event that we do not allocate the amount on the check copy, or do not have adequate funding in an activity or project within the allocation, or otherwise do not forward a copy of the check and supporting documentation in a timely manner, you are authorized to charge my Default Chartfield for the full amount of the check and related processing fees. I further understand that violations of the Limited Purchase Check policy will result in the loss of their use, and that improper use of the Limited Purchase Check may result in disciplinary action up to and including termination of employment and full restitution to the University for all related sustained losses.

DEFAULT CHARTFIELD SIGNATORY'S EMPLOYEE ID PRINTED NAME AND SIGNATURE OF THE AUTHORIZED SIGNATORY ON THE DEFAULT CHARTFIELD SIGNATORY'S EMAIL ADDRESS

Number of checks requested: Beginning/ending check numbers: This order was filled by: The checks were delivered to: The checks were delivered on: (Signature) (Date)

INSTRUCTIONS:

1. Complete the Chartfields and allocate the total amount to the Chartfield string(s) listed. **Required Chartfields left blank or amounts incorrectly allocated will result in your default Chartfield string being charged.**
2. Complete non-resident alien questionnaire. A "Yes" or "No" response is required.
3. Provide the payee's taxpayer identification number in the space to the left of "TOTAL". See the back of this form for instructions.
4. If applicable, complete the business/entertainment section.
5. Complete the "Description." Also provide "Deliver To" information if the vendor is required to deliver the goods.
6. Attach the **original** invoice (or receipt) to the first copy of the check and forward both to **Accounts Payable: 201 S Presidents Cir Rm 405 84112-9024**

Ordering Department: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

IS THIS PAYMENT BEING MADE TO OR IN BEHALF OF AN INDIVIDUAL OR ORGANIZATION WHO OR WHICH IS A NON-RESIDENT ALIEN? YES  NO  IF YES, THEN PLEASE GIVE:

NAME: \_\_\_\_\_

COUNTRY OF RESIDENCE: \_\_\_\_\_

U.S. SOCIAL SECURITY OR TAXPAYER ID NUMBER: \_\_\_\_\_

| BU           | ORG | FUND | ACTIVITY | PROJECT | ACCOUNT | A/U | YEAR | AMOUNT (\$) |
|--------------|-----|------|----------|---------|---------|-----|------|-------------|
|              |     |      |          |         |         |     |      |             |
|              |     |      |          |         |         |     |      |             |
|              |     |      |          |         |         |     |      |             |
|              |     |      |          |         |         |     |      |             |
| <b>TOTAL</b> |     |      |          |         |         |     |      |             |

SSN/TIN: \_\_\_\_\_

**Business meals, refreshments, recruiting, or entertainment expenses** must include in this section the names of the attendees (if less than 10) or name of group and number in attendance, a detailed description of the business purpose of the meeting, and the dates of the function.

DETACH THIS PORTION OF THE CHECK BEFORE SENDING THE CHECK AND STUB TO THE VENDOR.

Check #:

• • Description • •

Who does the above taxpayer identification number belong to?

Name:  
Address:  
City:  
State Zip:

Deliver to:

Department:  
Location:  
Name:  
Phone Number:

THE UTAH STATE SALES TAX EXEMPTION NUMBER FOR THE UNIVERSITY OF UTAH IS: 20203

• • Please detach this portion of the check before depositing and enclose with shipment (if applicable) • •

Attached check is in full payment of items above. DO NOT SEND A DUPLICATE INVOICE!

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW



Accounts Payable  
201 S Presidents Cir Rm 405  
Salt Lake City UT 84112-9024  
(801) 581-6976

WELLS FARGO BANK, NA  
SALT LAKE CITY, UTAH  
31-1  
1240

Limited Purchase Check  
THERMOCHROMIC INK

PRESS OR RUB WITH FINGER  
IF PURPLE COLORED SPOT DISAPPEARS  
THIS DOCUMENT IS AUTHENTIC

Date \_\_\_\_\_  
NOT VALID AFTER SIX MONTHS

Amount  
NOT VALID OVER \$1,000

Pay \_\_\_\_\_ DOLLARS \$

To The Order Of:

ACCOUNT REPRESENTATIVE

DO NOT CASH IF THE ARTIFICIAL WATERMARK OR OTHER SECURITY FEATURES ARE MISSING.

THE SECURITY FEATURES INCLUDED ON THIS DOCUMENT ARE DETAILED ON BACK OF CHECK.



## Summary of Canceling an LPC

| <b>Canceling a Check</b>                 |   |   |   |
|--|---|---|---|
| Scenarios                                |   |   |   |
|  | Scenario 1  | Scenario 2  | Scenario 3  |
| Status                                   | Not Bank Issued *   | Bank Issued *   | Bank Issued *   |
| Reason                                   | Clerical Error<br>Printer ate it<br><br>Spilled coffee                                  | Payee returned check<br><br>Realized that there is no need for payment after it has been bank issued              | Lost  |
| Location of Check                        | Have check in hand  | Have check in hand  | Do not have check   |
| Action in Submission to Accounts Payable | Mark "VOID" across check<br><br>Send yellow copy and original check to Accounts Payable | Mark "VOID" across check<br><br>Send check to Accounts Payable. If yellow copy has not been sent, then do so now. | Fill out a "Stop Payment" form from AP website<br><br>Once a Stop Payment has been done, you may issue a new check. |
| Action in Positive Pay                   | In maintain section select "Spoil".   | In void section select the correct check # to Void  | Make the comment "Stopped".   |

A check which has been prepared and released to the vendor is a "Bank Issue". A check which has been written, but not released to the vendor is not a "Bank Issue".

**SEND TO:** Accounts Payable Department  
 201 S PRESIDENTS CIR RM 405  
 SALT LAKE CITY, UTAH 84112-9024  
 Tel: 581-6976

**UNIVERSITY OF UTAH**  
**CHECK REQUEST**  
*INSTRUCTIONS ON REVERSE*

**FROM:**  
 Department:  
 Room/Building:  
 Telephone:

**ANSWER EVERY QUESTION AND FILL IN THE APPROPRIATE BOXES BELOW**

|  |   |   |
|--|---|---|
| <p><b>Is this payment being made to or in behalf of an individual or organization who or which is a non-resident alien?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>Yes</b>, give country of <b>residence</b>: _____<br/> <i>SEE THE PAGE BELOW FOR FURTHER INSTRUCTIONS</i></p> | <p><b>Is Payment for:</b><br/> <input type="checkbox"/> Awards <input type="checkbox"/> Consulting <input type="checkbox"/> Independent Contractor<br/> <input type="checkbox"/> Royalties <input type="checkbox"/> Medical <input type="checkbox"/> Scholarship <input type="checkbox"/> Other</p> | <p><b>Payee is:</b><br/> <input type="checkbox"/> Corporation <input type="checkbox"/> Government<br/> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership<br/> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Tax Exempt</p> |
|--|---|---|

*Note: If the Non-Resident information is not complete, the check request will be returned, resulting in unnecessary delays.*

| PAYEE NAME (40) | STREET ADDRESS (35) | CITY (30) | STATE (2) | ZIP CODE (9) |
|-----------------|---------------------|-----------|-----------|--------------|
|                 |                     |           |           |              |

**MAILING POLICY:** Home addresses are required for consultants, independent contractors and honoraria. If the payment represented by the check request is for services yet to be performed, you may request the check be sent to the department. All other checks will be mailed to the payee.

| INVOICE NUMBER (16) | HDLG | SOURCE DOCUMENT NUMBER | DOCUMENT CONTROL NUMBER |
|---------------------|------|------------------------|-------------------------|
|                     |      | CQ-                    |                         |

*Note: the SOURCE DOCUMENT NUMBER above will appear on your financial statements.*

| BU(2)        | ORG (5) | FUND (4) | ACTIVITY (5) | PROJECT (8) | ACCOUNT (5) | A/U(1) | YEAR (4) | AMOUNT (\$) |
|--------------|---------|----------|--------------|-------------|-------------|--------|----------|-------------|
|              |         |          |              |             |             |        |          |             |
|              |         |          |              |             |             |        |          |             |
|              |         |          |              |             |             |        |          |             |
| <b>Total</b> |         |          |              |             |             |        |          |             |

*Each field must be complete to properly allocate the amount of this check request. If more than one line is required then each additional line must also be complete.*

**Please provide the payee's Social Security or Federal Tax ID number and date(s) of service for all taxable income items, including honorariums, consulting fees, contractor payments, scholarships and awards.**

**Social Security No.** \_\_\_\_\_ **Fed. Tax ID No.** \_\_\_\_\_

**Date(s) of Service** \_\_\_\_\_ **Through** \_\_\_\_\_

**Purpose/Explanation:**

**Date Prepared:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_

**Printed Name(s) and Title(s) of Approval Signatory(ies)**

  
  

**Approval Signatures:**

**Approval Policy:** Principal Investigator, Department Chairman, or other authorized alternate signature (P&PM 3.2-1). Personal reimbursement requires the signature of the next higher supervisory authority (P&PM 3.7).

**THIS SECTION IS RESERVED FOR ACCOUNTS PAYABLE USE ONLY – DO NOT WRITE BELOW HERE**

| VOUCHER NO. (8) | GROUP NO. (6) | VENDOR NO. (10) | LOC (3) | 10XX | TERMS (5) | INV. DATE (6) | INVOICE NO. (16) |
|-----------------|---------------|-----------------|---------|------|-----------|---------------|------------------|
|                 |               |                 |         |      |           |               |                  |

## DIRECTIONS FOR PREPARATION AND USE OF CHECK REQUEST FORM

### PAYMENTS MADE IN BEHALF OF NON RESIDENT ALIENS INSTRUCTIONS, CONTINUED

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.

**CLAIMING EXEMPTIONS:** If the payment is exempted by tax treaty, the non-resident must provide the University with a completed and signed IRS form 8233. (This form may be obtained from Tax Services, 401 Park Building).

**PROCESSING TIME:** To allow for sufficient processing time and to adhere to a waiting period as required by the IRS, a completed and signed form 8233 and applicable statements must be in the office of Tax Services *three (3) weeks* prior to the date payment is due.

### INSTRUCTIONS:

1. Call Tax Services at 581-5414 for information regarding tax provisions for non-resident aliens.
2. Complete form 8233, if applicable. Attach the following:
  - copy of I-94 form (front & back)
  - copy of visa
3. Provide the non-resident alien's social security or individual taxpayer identification number.
4. Submit completed Check Request and form 8233 with all required items to Accounts Payable, 405 Park Building.

**TAXES WITHHELD:** In the event that the non-resident alien (1) does not choose to file form 8233 and/or (2) does not qualify for an exemption, taxes as required by the IRS **will be withheld and remitted** to the IRS.

### CHECK REQUEST INSTRUCTIONS

- A. All Check Requests must:
  1. Include a valid chartfield string. If the amount of the Check Request is allocated between several chartfields, indicate the dollar amount to be charged to each one. **Required chartfields left blank or amounts incorrectly allocated will result in unnecessary delays.**
  2. Have a payee name and address.
  3. Show "GROSS INVOICE AMOUNT" (total of all allocated amounts).
  4. Be signed (not stamped) by an individual authorized to sign on the chartfield(s) used, and in the case of a reimbursement, the payee's supervisor.
  5. If preapproval of the expenditure is required, as in memberships, the approval must appear on the Check Request prior to sending it to Accounts Payable.
- B. **Required approvals not appearing on the Check Request or accompanying documentation will result in unnecessary delays.**

### DISTRIBUTION OF COPIES

- A. Mail or deliver a signed **ORIGINAL** check request form and related documentation to Accounts Payable, 405 Park Building
- B. The issuing department should make and retain a file copy.
- C. Destroy voided/canceled Check Requests.

### RESTRICTIONS AND REQUIREMENTS ON THE USE OF CHECK REQUESTS

Check Requests are not intended to be used in lieu of, or as a substitute for Campus Orders, Purchase Requisitions, or Payroll forms. Obvious situations that involve employee/employer conditions must be paid through the Payroll Office. **Accounts Payable will return Check Requests for expenditures that should appear on a Campus Order, Requisition, or on a PASS form. This will result in unnecessary delays.** Check Requests should be used in the following situations:

- A. **Consulting fees** payable to an individual or organization under agreement to provide primarily professional services (including legal, accounting, actuarial, scientific, engineering, etc., or technical advice to the university). See notes below regarding required documentation.
- B. **Independent Contractors.** 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.  
  
**Note:** Check 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 P&PM 4-14.)
- C. **Guest lecturers and performers fees.** These must include a completed guest lecturer/performers agreement. A dedicated chartfield just be used for these expenditures. Guest Lecturers/Performers fees cannot be charged to a research project.
- D. **Honorariums.** An honorary payment made on a special and nonroutine 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 account must be used for these expenses. A Check Request for an honorarium payment in an amount over \$1,000 requires the approval signature of the cognizant vice president. (See P&PM 3-24.)
- 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. All registration fees should be paid on Travel Request Forms.
- 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.** Review the discussion below If the expense is for business meals, refreshments, recruiting, or entertainment. 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.  
A person cannot prepare a Check Request payable to them without the countersignature of their supervisor.

### REQUIRED DOCUMENTATION

All available (original documentation) for disbursements such as vendor's receipts, invoices, cash register receipts, etc., must be attached to the Check Request. If this documentation is not available, please provide a letter of explanation that can be sent with the check to the vendor.

### HAND CHECKS

Please allow ten (10) business days for normal processing. In emergency situations, where need can be demonstrated, Accounts Payable will issue a hand check. A campus order for \$8.00 must accompany the Check Request for a hand check.

### BUSINESS MEALS, REFRESHMENTS, RECRUITING OR ENTERTAINMENT

All expenditures for business meals, refreshments, recruiting or entertainment require the approval of the next higher authority. A dean or higher authority must approve the expenditure if alcohol is served, or the purpose of the meeting is recruiting or entertainment. The meeting is considered "entertainment" if the purpose of the meeting is relaxation or amusement, even though food is served, or if other parties are present, such as spouses or related children. Please read and follow the instructions below carefully:

- A. List the names of those in attendance (if 10 or less), or give the number of people in the group and a complete description of who they are. Descriptions must be complete.
- B. Also provide the date and a detailed description of the business purpose of the meeting. Attach any available documentation that would further describe the business purpose (e.g. agenda or brochure).
- C. Avoid using abbreviations and acronyms.

# Reimbursement for Travel

