

Request by UVA Department for Disbursement from a University-Related Foundation

Instructions: Please complete and forward to the appropriate foundation. The foundation will review and determine all necessary information is on file; then submit to the Treasurer for approval prior to commitment and payment.

Name of Foundation Processing Payment: _____
Department Requesting Payment: _____ Date: _____

Payment Information:

Payee's Name: _____ Amount: _____
Payee's Address: _____ Account #: _____
_____ Account Name: _____

Check Delivery Instructions:

Hold for pick up Return by Messenger Mail to Box # _____

Mail to Recipient in enclosed self-addressed, postage paid envelope

(If payment is to be made to a commercial vendor, please attach original invoice and one copy.)

Purpose: Please check one:

For any of the following, go to questions 4-8:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Reimbursement (go to questions 1-3) | <input type="checkbox"/> Contractual/Personal Services | <input type="checkbox"/> Prize |
| <input type="checkbox"/> Payment for Goods | <input type="checkbox"/> Scholarship/Fellowship/Award | <input type="checkbox"/> Honoraria |
| <input type="checkbox"/> Transfer of Funds | <input type="checkbox"/> Other (please specify) _____ | |

(Credit Card statement must be accompanied with receipts and approved by department head)

Reimbursement

- Are all receipts attached if required by the Foundation? Yes No
- Are these expenses allowable under Foundation, University and IRS guidelines? Yes No
- If NO, please explain: _____

Personal Services

- Is payee:
 - Part-Time Full-Time
 - Faculty? Staff? TA/GRA? Undergraduate?
 - Other (please specify) _____ Individual NOT affiliated with the University
- If payee is a UVA employee, is payment for any activity related to their work at the University?
 - Yes No (if Yes, please explain) _____
- Is this person a US citizen? Yes No
- Do you have an I-9 on file for this individual? Yes No Tax-treaty country? Yes No
- Description of Service Provided: _____

Departmental Authorization: _____
(Type Name) (Signature) (Date)

Per **Policy on University-Related Foundations**, prior approval is required from the President's designee for compensation provided to any University employee.

Designee's Approval: _____
James S. Matteo, Treasurer (Date)

**Payment may not be made without prior approval ** Send to: philporter@virginia.edu or Box 400897

Foundation Approval: _____
(Signature) (Date)

*** The Foundation is responsible for tax withholding and/or reporting on this payment. Documentation of approval by the Treasurer must be maintained in the Foundation's file. ***