



FOUNDATION, INC.

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.

Table with columns for Foundation Use Only (Approved By, Date) and Account Approval (Approved By, Signature). Includes a table for GL Account# and Amount, and a section for SPECIAL INSTRUCTIONS.

Return Form & Substantiation Documents To: Foundation Office/Alumni House, Attn: Stephanie Fant
Questions? Please contact Stephanie at 678-839-4106 or sfant@westga.edu