

# UNIVERSITY OF ARKANSAS FOUNDATION, INC. PAYMENT AUTHORIZATION FORM

SYSTEM  
  UAF  
  FCF  
  ADC  
  UALR  
  UAMS  
  UAM  
  UAPB  
  CI  
  UACCB

1099 PAYEE

Make Check Payable To: \_\_\_\_\_

Mail Check To: \_\_\_\_\_

Special Handling Instructions:

OR  Pick-up: Call (Name, Phone #) \_\_\_\_\_

Fed-Ex (Standard)      OR       Fed-Ex (Priority)

Recipient Phone # Required \_\_\_\_\_

**REQUIRED INFORMATION FOR TAXABLE PAYMENTS:  
(I.E PROFESSIONAL SERVICES, HONORARIUMS, PRIZES/AWARDS)**

SSN OR TIN: \_\_\_\_\_

Is payee a University Employee?       Yes       No

Home Address: \_\_\_\_\_

Is payee a Non-Resident Alien?       Yes       No       Don't Know

\_\_\_\_\_

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

Total Check Amount: \_\_\_\_\_

**Charge To:**

Project ID	Project Name	Amount	Acct. No.	ADC USE ONLY
1)				
2)				
3)				
4)				
5)				
6)				

**(Attach all substantiating documentation; i.e., invoices, receipts, order forms, etc. Make sure all order and/or registration forms are completed with contact and shipping information. Please attach additional copy of any documentation needed to be sent with check.)**

Purpose of Expenditure: \_\_\_\_\_

Contact Person RE Expenditure: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURES**

Project Signatory: \_\_\_\_\_

School/College Review: \_\_\_\_\_

Fiscal Review: \_\_\_\_\_

(Chancellor/Vice President or  
Authorized Designee)

Approved by: \_\_\_\_\_

(Executive Director, UA Foundation)

**PURPOSE OF SIGNATURE**

Authorized Expenditure of Foundation funds

For information/coordination with other campus activities

Review for compliance with policies and procedures & tax compliance

PAYMENT IS TAXABLE TO UNIV EMPLOYEE

Payment is partially taxable in the amount of     \$     \_\_\_\_\_

Verify within donor restriction, validate signature authority, approve for payment.

**CHECK NUMBER & DATE** \_\_\_\_\_