

UNIVERSITY OF ARKANSAS FOUNDATION, INC. PAYMENT AUTHORIZATION FORM

SYSTEM UAF FCF ADC UALR UAMS UAM UAPB CI UACCB UACCM

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)**

SSN OR TIN: _____
 Home Address: _____

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

Date: _____ Total Check Amount: _____

Check Remittance:

Charge To:

Project ID	Project Description	Amount	Acct. No.	Inv. No.	Date
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 Regarding Expenditure: _____ Phone: _____

SIGNATURES

Project Signatory: _____

School/College Review: _____

Fiscal Review: _____

(Chancellor/Vice President or
Authorized Designee)

Approved by: _____

(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 _____