

# UNIVERSITY OF ARKANSAS FOUNDATION, INC. PAYMENT AUTHORIZATION FORM

Campus: \_\_\_\_\_

**1099 PAYEE**

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

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

Special Handling Instructions:  
 Pick-up: Call (Name, Phone #) \_\_\_\_\_  
 Fed-Ex (Standard overnight)  
 Recipient Phone # Required \_\_\_\_\_

**OR**

Is payee a University Employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is payee a Non-Resident Alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

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

Check Remittance: \_\_\_\_\_

**Charge To:**

Project ID	Project Description	Amount	Acct. No.	Inv. No.	Inv. Date
1)					
2)					
3)					
4)					
5)					

**Attach all substantiating documentation (i.e., invoices, receipts)**

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

Contact Person Regarding Expenditure: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signatures:**

Project Signatory: \_\_\_\_\_  
 (Authorized Signatory on Project)

School/College Review: \_\_\_\_\_  
 (Dean/Director/Vice-Chancellor)

Fiscal Review: \_\_\_\_\_  
 (VC for Finance & Admin/Vice President or Authorized Designee)

\*UA System Review: \_\_\_\_\_  
 (Vice President for Finance)

**Purpose of Signature:**

Authorized Expenditure of Foundation funds

For information/coordination with other campus activities

Review for compliance with policies and procedures; Verify within donor restriction; Validate signature authority; Approve for payment.

**\*UA System Review required for expenses that are allowable through Workday but submitted as Direct Pay from Foundation. See UA System Policy 370.1**

Approved by: \_\_\_\_\_ **CHECK NUMBER & DATE** \_\_\_\_\_

(UA Foundation)