

NUFFO Payment Request Form Instructions

The Payment Request Form is used when requesting payments to individuals or businesses from foundation funds. This could be reimbursing a person or business or making a direct payment to vendors. Please refrain from writing or stamping in the "Foundation Use" box. If you have questions, please contact Tina Barnes at the foundation by email at tina.barnes@nufoundation.org or 402-458-1123.

1. The "Contact" line on the form should include the name, phone number and email address of the person to contact if the foundation has questions regarding the payment request.
2. The Foundation Fund Number is the number of the fund from which the expenses are to be paid. Please ensure the fund number is listed as an eight (8) digit number (e.g., 01094210 or 01114210).
3. All payment requests must include the *original itemized* receipt(s). Please be cautious about using tape to secure your receipts. Placing tape over the print causes it to wear away and compromises readability. Credit card statements are not considered itemized receipts. A copy of the receipt may be submitted instead of the original only if a portion of the expense has been paid by the university. In this case, the copy must be clearly marked with "Original sent to state."
4. The foundation is *not* exempt from sales tax. Sales tax must be included where appropriate on all expenses reimbursed from foundation funds. Please call the vendor, if necessary, to *ensure sales tax is added to the invoice before sending your request on to your campus payroll contact*.
5. Social Security numbers are required only for non-employees with tax implications. Payment to non-employees also requires the individual's name and *permanent home address*. If payment is to a company, include the company's address and telephone number.
6. The purpose of the request *must* be clearly stated and conform to the fund agreement guidelines. If the fund is a professorship, you must list who holds the position and how the expense benefits them in their position each time you submit a payment request.
7. If payment is requested for an event, the date and purpose of the event must be clearly stated. If fewer than six people are involved in the event, list individual names; if there are six or more then only a general description of the group is required. When paying for a table at a banquet, list all names *regardless of the size of the party*. Please provide an announcement for the event. Note that we cannot pay donations.
8. Employees of the university may only be reimbursed for expenses. These expense requests *must* include the employee's signature and their direct supervisor's signature along with the spending authority. All other payments to employees, such as awards, honoraria or services rendered, must go through the university's payroll system for income tax purposes. You may then request a transfer of funds, using the appropriate channels.
9. When requesting reimbursement for *non-employees* for awards or honoraria, a copy of the award letter or a letter signed by the account's authorized signer must be attached. This letter must include the name of the individual receiving the award or honorarium and the amount given.
 - For *non-Nebraska* residents, amounts for honoraria or services rendered by individuals must remain below \$600. Amounts of \$600 or more require Nebraska income tax withholding, which the foundation cannot process.
 - For *Nebraska residents*, amounts for honoraria and services rendered are unlimited.
10. All checks will be returned to the requester. Checks will *not* be mailed directly to payees.
11. The person signing the Payment Request Form must have signature/spending authority on the fund requested. If payment is being made to the same individual who has signature authority on the fund requested, then the individual's supervisor must approve the request. The individual's *direct supervisor* must sign this request, not someone who has signature authority on the fund.
12. When your payment request is ready, **route the entire original signed form with any necessary attachments to the payroll contact for your campus:**
 - UNK: Jill Purdy, 135 WRNH, UNK, Kearney NE 68849
 - UNL: Lana Anderson, 408 ADMS, UNL, Lincoln NE 68588-0439
 - UNMC: Cyndie Poffenbarger, ADC 4008, UNMC, Omaha NE 68198-5100
 - UNO: Drew Nielsen, 209 EAB, UNO, Omaha NE 68182

They will process your request and forward it to the foundation. Once the foundation receives the request, a check is typically typed within two business days and then sent to the requestor using campus mail.

Request for Payment from Foundation Funds

Date: _____ Department Name: _____

Campus Address: _____ Zip Code: _____
(include four-digit campus zip)

Contact Name: _____ Phone: _____

Contact Email: _____
(Check will be returned to the name and department above. Please include ZIP CODE.)

Payee: Please make payment as directed below:

Check payable to:

Name: _____

Permanent Home or Business Address: _____

City: _____ State: _____ Zip Code: _____ Federal ID or Social Security Number: _____

NOTE: Home address and federal ID/Social Security number are only required for non-employees or businesses when taxable.

Amount: (All three amounts must be filled in except when requesting reimbursement to an individual. All original receipts, invoices, or documentation must be attached.)

Net Amount: _____

Sales Tax: _____

Gross (Amount of Check) _____
(autosum) | (manually enter)

Foundation Use:

FOUNDATION FUND NUMBER (NOT A WBS NUMBER): _____

Purpose of Payment: *(If extra space is needed, attach extra page.)*

Foundation Use:

The following three areas have been checked:

1. Authorized Signers
2. Purpose
3. Sufficient Funds

By Date

Supervisor Approval:

By Date

Signature/Personal Reimbursement Date

Supervisor Signature Date

I certify that:

1. The above expenditure is in agreement with the fund agreement for the foundation fund number listed and that the substantiating documentation is attached.
2. I am aware that the University of Nebraska Foundation is not exempt from sales tax. Sales tax has been included where appropriate.
3. I have checked with the appropriate university personnel and the above payment cannot be paid through the university's payment system.

AUTHORIZED SIGNATURE/DATE