

## 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 at 402-458-1123 or by email at [tina.barnes@nufoundation.org](mailto:tina.barnes@nufoundation.org).

NOTE: Effective April 1, 2019, the University of Nebraska Foundation follows the University of Nebraska's policy for expense reimbursement claims, requiring that all expenses submitted to the foundation using the payment request form be submitted no later than 60 days after the final day on which expenses were incurred.

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 digit number. , e.g., *01094210* or *01114210*.
3. If you are requesting reimbursement for meals while traveling, please utilize the per diem form and instructions located on the NUFFO website. This form must be submitted with the payment request along with the individual itinerary and details of the travel to determine the correct amount is computed.
4. 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."
5. 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*.
6. Social Security numbers are required only for nonemployees with tax implications. Payment to nonemployees also requires the individual's name and *permanent home address*. If payment is to a company, include the company's address and telephone number.
7. 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.
8. 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.
9. Employees of the university may only be reimbursed for expenses; these expense requests must include the employee's signature and his/her 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.
10. When requesting reimbursement for *nonemployees* 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.
11. All checks will be returned to the payee.
12. 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 at 135 WRNH, UNK, Kearney NE 68849-1245 [purdyj@unk.edu](mailto:purdyj@unk.edu) 308-865-8524
  - UNL: Sheila Stewart at 407 ADMS, UNL, Lincoln NE 68588-0439 [sstewart19@unl.edu](mailto:ssewart19@unl.edu) 402-472-8774
  - UNMC: Cyndie Poffenbarger at ADC 4008, UNMC, Omaha NE 68198-5100 [cpoffenbarger@unmc.edu](mailto:cpoffenbarger@unmc.edu) 402-559-5822
  - UNO: Controller at 208 EAB, UNO, Omaha NE 68182 [unocontroller@unomaha.edu](mailto:unocontroller@unomaha.edu) 402-554-2611

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

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 nonemployees 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:** *Please explain how this expense relates to the purpose of the fund.*

*If professorship or chair, please name recipient:*

**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