

University of New Orleans Foundation Payment Request Form

Department Name _____

Prepared by: _____ Phone #: _____ Date: _____

<u>Project Acct. #</u>	<u>Project Account Title</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Description/Purpose - Invoice #, invoice date, student's name & ID #, etc.</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL:	_____

Payee Name: _____ Fed. Tax I.D./ SS # _____

Address: _____

Electronic payment to account on file
OR
Disposition of Paper Check:

Mail _____ Call Dept. _____

Approved -Signatures

Account Administrator	Dean or Vice President
Printed Name	Printed Name

For Foundation Accounting Office Use Only

Fund	Acct. #	Sub-Fund	Debit	Credit

Approved By _____ Payment # _____
Foundation Chief Financial Officer
Payment Date _____

UNOF Payment Request Form Instructions

Department Name: the academic or administrative department requesting the payment be processed.

Prepared by: the person who the Foundation can contact for further information on the request.

Project Acct. #: the Foundation project account number to charge from. (Do **not** use UNO accounts.)

Project Account Title: the project's title to help to ensure the appropriate account was charged.

Description/Purpose - Invoice #, invoice date, student's name & ID #, etc.:

- Here is where a *description & purpose* of the payment should be described. Please include invoice numbers and dates. Attach all applicable invoices/receipts/proofs of payment to request.
- If the request is **reimbursement** for several expenses, the payments should be itemized with the purpose for each payment listed. A separate itemized list may be attached. For meal reimbursements, please attach list of attendees.
- If the request is a **transfer to UNO**, please include the UNO account number where the funds will be deposited.
- If the request is for **scholarships**, the payee should be UNO and the student names, student ID #'s, amounts, and semester/year should be listed in this area or in a separate attached list.

Payee Name/Address: who should the payment be made out to. Scholarships should be made payable to UNO.

Fed. Tax I.D./ SS #: Only required when payment is for services (including honorariums). If the payee a new vendor, attach a copy of payee's W-9 and, if applicable, contract for the professional services conducted if not on file with the Foundation.

Electronic payment to account on file: payment will be made via EFT (Electronic Fund Transfer) using the information from the UNOF EFT Authorization Form already on file.

Mail/Call Dept: If EFT authorization is not on file, a paper check will be issued. Please check **one** box to ensure the correct disposition of check. If the check is for pick up, the preparer will be the person of contact unless noted otherwise.

Account Administrator: signature of the Administrator for the Foundation account.

Dean or Vice President: signature of Dean or Vice President over the department requesting the check.

For Foundation Accounting Office Use Only – Do Not Write Below This Point.