###### Web Invoice # \_\_\_\_\_\_\_\_\_\_\_

###### 

###### Web Invoice Total $ \_\_\_\_\_\_\_\_\_\_\_

###### 

###### FE Project ID#\_\_\_\_\_\_\_\_ Foundation Project Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Foundation Disbursement Request

|  |
| --- |
| Vendor Information |

|  |
| --- |
| Payee Name: (Please Print) |
| Payee Remittance/Home Address: **□ Check if new** |
| **GSU Employee? (yes/no): Panther ID # for Employees / Students:**  **Do GSU employees have a relationship, financial or otherwise, with the Service Provider/Business/Payee? (yes/no):** |
| **Invoice # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date & Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Business purpose/expense detail:** |

**REQUIRED FOR INDIVIDUALS - Residency Status for Tax Purposes:** Is payee a US Citizen or Permanent Resident Alien

**□ YES -** If YES, submit the Request for Disbursement to the Foundation once completed and approved.

**□ NO -** If NO, complete the required information on the **Glacier Tax Analysis System** on the web. Payment from GSU Foundation funds must be processed through a Grants & Contracts Project (#GFxxxxxxxx) that is sponsored by the Foundation in order to be in compliance with the IRS regulations concerning payment to foreign nationals or foreign companies.

Please reference the **Foreign National Tax Analysis and Payment Guide** located on the University’s website: [**http://www2.gsu.edu/~wwwfas/FinancialOperation/ForeignNationalTaxAnalysisandPayments.pdf**](http://www2.gsu.edu/~wwwfas/FinancialOperation/ForeignNationalTaxAnalysisandPayments.pdf)for instructions and contact information.

|  |
| --- |
| Expense Certification – MUST BE COMPLETED BY PAYEE IF PAYEE IS NOT A CORPORATION\COMPANY |
| **I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying GSU Foundation in full for those expenses.**  Signature of Payee or Unit Requestor: Date: |
| Chair / Director Approval: Date: |