



Instructions for Completing Georgia State University Foundation Disbursement Request Form

Section 1: Vendor and Department Information

Vendor and Department Information	
Payee Name & Remittance Address:	Department Name: P.O Box:
	Contact Person:
	Contact E-mail:
GSU Employee (yes/no):	Contact Telephone:
Social Security Number\EIN\ITIN:	Date of Request:

*Provide all information requested (even if previously reported) for Payee information including SS#/EIN/ITIN.

NOTE: There is a separate form for scholarships, fellowships and awards.

*Provide all of the information requested for Department information.

Section 2: Residency Status for Tax Purposes

REQUIRED FOR INDIVIDUALS - Residency Status for Tax Purposes: Is payee a US Citizen or Permanent Resident Alien (Green Card Holder)?

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

NO - If NO, complete the Foreign National Information Form and attach it to the Request for Disbursement form. Submit both to the Foundation for payment. Payment from GSU Foundation may be subject to withholding taxes under the IRS regulations concerning payment to foreign nationals.

*The Residency Status for Tax Purposes **MUST BE COMPLETED FOR ALL REQUESTS.**

Section 3: IRS W-9 Certification

IRS W-9 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. **Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) certify that the above statement regarding residency for tax purposes is true and accurate.**

Signature of Payee:

Date:

*The IRS W-9 Certification section **MUST BE COMPLETED AND SIGNED BY THE PAYEE**, if payee is not a corporation/company.



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Section 4: Invoice/Event Information

****INVOICE AND BUSINESS NATURE OF THE EXPENDITURE OR EVENT INFORMATION****

IRS REQUIRES the following information for all expenses in order to document the business nature of the expense. Attach a copy of ALL relevant information including, but not limited to: registration forms, invitations, flyers, announcements, attendee lists, or other notifications.

REQUIRED- BUSINESS PURPOSE AND/OR DESCRIPTION:

Invoice #: _____ Invoice or Event Date & Event Location: _____

Total # of Attendees: _____ List Attendee(s) Names and Business Relationships below – REQUIRED for all attendees if 12 or less attended – space provided for 6, please make attachment for more than 6. For 13 OR MORE, provide a general description. EX. 13 GSU Faculty members, 13 Students, 13 Donors, 13 Recruiters, etc.

Attendee Name	Business Relationship	Attendee Name	Business Relationship
1.		4.	
2.		5.	
3.		6.	

PROCESS ONE REQUEST FORM FOR EACH INVOICE.

Required information for all entertainment expenses in order to document the business nature of the expense for deduction purposes on tax forms:

1. *Business Purpose and/or Description:*

Provide a purpose of the event, meal, trip, meeting and etc. Ex: Fund raising, faculty candidate, guest speaker, research, joint program, retirement reception for faculty/staff, faculty/staff retreat or workshop and etc.

*Provide a description for the expenditure up to 60 characters. Ex:
10/8/03 dinner with faculty candidate John Doe*

- 12/10/03 Holiday dinner for 40 donors and guests*
- Labels & pens purchased for the HR Roundtable*
- 11/20 – 11/25/03 Lodging for guest speaker: John Doe*
- 12/15 refreshments for seminar by Dr. John Doe*
- 12/3–12/15/03 trip to Denver Colorado for Dr. John Doe for Research Conference*
- Get well flowers for Dr. Jane Doe, English Faculty member*
- Sympathy flowers for death of mother of Dr. Jane Doe, English Faculty.*

2. *Invoice Number/date of event/event location. Please enter actual invoice # from the invoice that is being paid. In the absence of an invoice #, a number may be assigned by your department for your record keeping or a number will be assigned by the Foundation. Use numeric or alpha characters. Events can be tracked here. Example: Carter Awards, Fall Commencement, Recruitment*

3. *Invoice Date: Actual date listed on the invoice*



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- Total number of attendees and the attendees' names with their business relationships. Names and business relationships are required by the IRS for 1 to 12 attendees. Provide the list on an attached sheet if necessary. If over 12 attendees, provide a description and a number. Example: 10 GSU Faculty members, 15 GSU Students, 10 Donors, 10 Atlanta business leaders, and 5 retirees.
- If the event was for a faculty or staff workshop or retreat, an agenda is required.
- Attach a copy of the flyer, announcement, invitation, registration form or other type of notification to the request form.

Section 5: Charge Detail

Charge Detail				
Ledger	Account Code	Project ID	Project Name	Amount
01				
01				
01				
TOTAL AMOUNT DISBURSED:				

- The ledger will be 01, the operating ledger for all projects.
- Account code is the expense account code. Please breakdown the different expenses and totals. Ex: Food - 510090, Dues – 510050, Postage – 510150
- Project ID: The old Fxxxxxxx or Kxxxxxxx account number is not used in Financial Edge and has been replaced with the FE project id. This number is usually 5 digits and appears on the Specified Gift report that is provided by Advancement Services each month.
- Project Name: Corresponds to project ID.
- Amount: Provide the amount by Account Code and the total amount.

Section 6: Signatures

I certify I have completed the appropriate due diligence in acquiring the correct Taxpayer ID for the payee listed above.
Certification: I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a possible fine or by imprisonment, that the statements are true and that the described item(s) is/are for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by Georgia State University and that payment has not been requested and/or paid by any other source.

REQUIRED: Signature of Requestor: _____ Date: _____

By my signature below, I certify that the above disbursement request is consistent with any applicable restrictions imposed on the funds and with the policies of the Georgia State University Foundation, Inc. I further certify that any required reports of the use of the funds have been provided.

Signature/Approval of Chairman/Director _____ **Date:** _____ **REQUIRED: Signature/Approval of Dean/Vice President** _____ **Date:** _____

- Signature of Requestor of the reimbursement **is required for all requests.**
- Signature/Approval of Chairman/Director **is required for all requests.**
- Signature/Approval of Dean/Vice President **is required for all requests.**

PLEASE REFER to the Foundation Policy Manual - Section V. Expenditures and Disbursements located under the About Us pull-down menu on our Netcommunity site: netcommunity.gsu.edu (no 'www').



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MORE HELPFUL INFORMATION

1. *Payments to individuals for services require the following information and documentation:*
 - a. *An invoice from the individual and the invoice must be signed by that individual.*
 - b. *Name, ssn, and address.*
 - c. *Description of services such as consultant, entertainer, guest speaker fee, design fee or other.*
 - d. *If the individual checks **No** on the Residency Status Form, reference the Disbursement website for payments to Foreign Nationals.*
Non-Resident Alien (NRA) will be forwarded to the GSU Tax Accountant for review. When the tax accountant has reviewed the request and/or meet with the payee, the evaluation will be e-mailed to accounts payable. If taxes are not to be withheld, the payment can be made directly from the Foundation as usual. If taxes are to be withheld, the payment will be processed through disbursements via a special project and will take an additional couple of weeks. Process to pay NRA may take several weeks. Allow additional time for processing.
2. *For payments to GSU employees, including services and awards, please complete an additional form (listed below) and send with the Foundation disbursement request. The Foundation cannot withhold payroll taxes; therefore, the payment must be processed by the Foundation through Human Resources/Payroll. If paying an employee an award you do not need additional forms, but payment will be made through Human Resources/Payroll.*
 - a. *Faculty – Extra Compensation form*
 - b. *Full Time Exempt Staff – Extra Compensation form*
 - c. *Non-Exempt Staff – This will require a time sheet and overtime may be an issue.*
 - d. *Temporary or Part-Time Staff – PAF – One Time Payment.*
3. *For reimbursement requests for travel, please provide the following information:*
 - a. *Purpose – Provide the purpose of the travel.*
Ex: Fund raising, faculty candidate, to attend a conference, exchange program, and etc.
 - b. *Date of the travel.*
 - c. *Provide original receipts for all expenses including meals, taxis, bus fare, tolls, gas, hotel, airfare and others.*
 - d. *The mileage rate is the same as GSU, which is currently .445 cents per mile.*
 - e. *Provide a copy of the conference registration form.*
4. *The Foundation is not sales tax exempt; therefore, sales tax will be added to an invoice when applicable.*



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5. *Original receipts and invoices are required for ALL expenses including, but not limited to, meals, gasoline, tolls, and taxi fares.*
6. *Reimbursements for moving expenses will be processed by the Foundation and paid through Human Resources/Payroll. Some moving expenses are subject to payroll taxes. However, a check to the moving company can be directly issued.*
7. *The Foundation can only pay one payee per disbursement request.*