###### Disbursement Request

Reviewed/Approved by Foundation:

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| Vendor and Department Information |

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| Payee Name: | Department Name: P. O Box: |
| Payee Remittance/Home Address: | Contact Person: |
|  | Contact E-mail: |
| **GSU Employee? (yes/no): Panther ID #:** | Contact Telephone: |
| **Do GSU Employees have a relationship, financial or otherwise, with the Service Provider/Business/Payee? (yes/no):** | Date of Request: |

**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 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.

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| IRS 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: |

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| **\*\*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.  **ORIGINAL DETAIL RECEIPTS AND/OR INVOICES ARE REQUIRED FOR ALL EXPENSES**  **REQUIRED- BUSINESS PURPOSE AND/OR DESCRIPTION:**  **Invoice #: ­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Invoice or Event Date & Event Location:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Total # of Attendees**: \_\_\_\_\_\_\_\_\_\_\_ **List Attendee(s) Names and Business Affiliation 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 Affiliation** | **Attendee Name** | **Business Affiliation** | | 1. |  | 4. |  | | 2. |  | 5. |  | | 3. |  | 6. |  | |

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| Charge Detail |

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| **Fund** | **Account Code** | **FE - Foundation Project ID #** | **FE - Foundation Project Name** | **Amount** |
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| **TOTAL APPROVED AMOUNT TO BE DISBURSED:** | | | |  |
| *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: | | | | |