



PAYMENT REQUEST

For Non-Encumbered Goods Less Than \$5,000, Registrations, Employee & Non-Employee Reimbursements & Services For 1 Day or Less Than \$2,500.

Send To: Disbursements
400 A Sparks Hall

Date Issued:
Voucher Number:

Vendor Name & Remittance Address	Department Name:
	Requestor/Initiator:
	Requestor/Initiator E-mail:
Social Security/FEI Number: (Panther Card ID for Employees/Students)	Requestor/Initiator Telephone:
State of Georgia Employee? Yes () No () Please check the appropriate response	Federal Employee? Yes () No () Please check the appropriate response

Residency Status for Tax Purposes:

Is the payee a US Citizen or Permanent Resident Alien (Green Card holder)? Yes _____ No _____

- If yes, circle the status and process for payment.
- If no, complete the Foreign National Information Form and include it with the Payment Request form, submitting both to Disbursements.

Invoice Information

Invoice Date	Date Invoice Received	Date Goods Received	Invoice Number	Gross Amount	Sales Tax	Freight	Description

Distribution

SpeedChart	Invoice Number	Amount	Account (6)	Fund (2)	Dept (9)	Program (4)	SubClass (5)	Bgt Yr (4)	Project/Grant (5)

Please attach all supporting documentation.

Certification: *I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than one year nor more than five, or both, 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.*

The Governor's Executive Order requires that all invoices be paid within thirty (30) days of the later of (1) the date of the invoice, (2) receipt of goods, or (3) receipt of invoice. A memo of explanation must accompany all requests for payments that do not meet these criteria.

Performance of Services

Description of Service(s)	Date(s) of Service(s)
Type of Service	
Consultant _____	Visiting Lecturer _____
Non-Employee Reimbursement _____	Other _____

Except for extraordinary circumstances, all payments must be mailed to vendors. If payment is not to be mailed to vendor, list name of individual who will pick up check. Include telephone number.

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 the University in full for those expenses. Additionally, I certify: 1) The number shown on this form is my correct tax identification number and I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding	as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding; and 2) The gross amount is accepted as payment in full. By signing the voucher, the individual is certifying that he/she is authorized on the ChartField combination(s), that the charges are appropriate to the ChartField combination(s) being charged, and the charges are legitimate expenses within the University guidelines.
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Signature of Payment Recipient	Telephone Number	Signature of Authorized Approver for Budget Unit (Required & must be different than requestor above)
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