

## Request by UVA Department for Disbursement from a University-Related Foundation

*Instructions: Please complete and forward to the appropriate foundation. The foundation will review and determine all necessary information is on file; then submit to the Treasurer for approval prior to commitment and payment.*

Name of Foundation Processing Payment: \_\_\_\_\_

Department Requesting Payment: \_\_\_\_\_ Date: \_\_\_\_\_

### **Payment Information:**

Payee's Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Payee's Address: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_ Account Name: \_\_\_\_\_

### **Check Delivery Instructions:**

☐ Hold for pick up ☐ Return by Messenger Mail to Box # \_\_\_\_\_

☐ Mail to Recipient in enclosed self-addressed, postage paid envelope

(If payment is to be made to a commercial vendor, please attach original invoice and one copy.)

### **Purpose: Please check one:**

☐ Reimbursement (go to questions 1-3)

☐ Payment for Goods

☐ Transfer of Funds

### **For any of the following, go to questions 4-8:**

☐ Contractual/Personal Services

☐ Scholarship/Fellowship/Award

☐ Other (please specify) \_\_\_\_\_

☐ Prize

☐ Honoraria

(Credit Card statement must be accompanied with receipts and approved by department head)

### **Reimbursement**

1. Are all receipts attached if required by the Foundation? ☐ Yes ☐ No

2. Are these expenses allowable under Foundation, University and IRS guidelines? ☐ Yes ☐ No

3. If NO, please explain: \_\_\_\_\_

### **Personal Services**

4. Is payee:

☐ Part-Time ☐ Full-Time

☐ Faculty? ☐ Staff? ☐ TA/GRA? ☐ Undergraduate?

☐ Other (please specify) \_\_\_\_\_ ☐ Individual NOT affiliated with the University

5. If payee is a UVA employee, is payment for any activity related to their work at the University?

☐ Yes ☐ No (if Yes, please explain) \_\_\_\_\_

6. Is this person a US citizen? ☐ Yes ☐ No

7. Do you have an I-9 on file for this individual? ☐ Yes ☐ No Tax-treaty country? ☐ Yes ☐ No

8. Description of Service Provided: \_\_\_\_\_

### **Departmental Authorization:**

(Type Name)

(Signature)

(Date)

Per **Policy on University-Related Foundations**, prior approval is required from the President's designee for compensation provided to any University employee.

**Designee's Approval:** \_\_\_\_\_

*James S. Matteo, Treasurer*

(Date)

**\*\*Payment may not be made without prior approval \*\*** Send to: [philporter@virginia.edu](mailto:philporter@virginia.edu) or Box 400897

### **Foundation Approval:**

(Signature)

(Date)

**\*\*\*** The Foundation is responsible for tax withholding and/or reporting on this payment. Documentation of approval by the Treasurer must be maintained in the Foundation's file. **\*\*\***