

F4 Payment Request
Form Usage

Response to all prompts is required to ensure use of this form is appropriate. See Instructions tab for information/guidance.

Agree Disagree **Explain/Justify any "Disagree" responses in the Business Purpose section or attached supporting documentation.**

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The payee is not an employee, or is an employee receiving a royalty, study subject payment, or performance fee. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The payee is not being paid for physician services. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | This payment is not for a capital purchase. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The payment is for one of the activities on the Payment Request Acceptable Use listing provided in the Instructions. |

A Pcard: Even if the activity is on the Acceptable Use list, put the most appropriate letter response in the box a) the activity is not acceptable on Pcard, b) the transaction is over the Pcard transaction limit, c) the payee does not accept credit card payments, d) my department does not have a Pcard, or e) our Pcard cannot be used due to monthly maximum. Otherwise Pcard payment is preferred over F4.

| The total of my department's payments to this payee, including payments on other forms, is less than \$25,000. If \$25,000+ (Disagree above), a contract exists and it is either attached or is stored (specify location or departmental contact in space provided): _____ |

| Supporting documentation for purchased goods/services is an invoice, not a quote or statement. If not purchasing goods/services, input "NA". If Disagree, explain in the Business Purpose why an invoice cannot be obtained. |

Responses of "AU" are appropriate to below questions if activity is on the F4 Acceptable Use list. Otherwise you must respond appropriately.

| My department does not expect to do further business with this payee. If Disagree above, we are working with Purchasing to establish a PO with this payee but we need to get this invoice paid on time. If Disagree to this prompt then explain in the Business Purpose section why you feel this transaction should be acceptable on F4. |

| If not AU, if payment is not for services enter "G". Otherwise: Payment is for services and the Independent Contractor policy has been reviewed to determine that it is appropriate not to pay payee via Payroll, Purchasing has determined purchase order is not necessary, and the appropriate Independent Contractor paperwork is attached as supporting documentation. If Disagree to this prompt then explain in Business Purpose section why you feel this transaction should be acceptable on F4. |

Payee Information

Payee type: Non-employee, Non-student Student Employee **Enter only one: Invoice OR Non-Invoice Date**
Invoice Date **Non-Invoice Date**

Payee: _____

Address: _____

If payee is a supplier and payment is required <30 days from Invoice Date, enter Due Date and explain/justify in the Business Purpose.

If this payment is for services, is the Payee a US Citizen or Permanent Resident?

Due Date: IMMEDIATELY

Yes If Yes, has W9 previously been sent to AP?

Yes No, Payee's W9 is attached

No, study participant will not receive \$275 or more this calendar year from this protocol

If study participant box is checked, how much has the payee received calendar year to date? \$ _____

No **If No, Provide payee's email address to AP Nonresident Alien Tax Administrator here:** _____

Invoice Number: _____

Or, if there is no invoice number, provide a description that will help the payee understand what payment is for

Header Memo (Remittance Description): HUMAN SUBJECT PARTICIPATION

Forwarding Information - This payment should be:

(Preferred) Default Payment Type of ACH or Check Mailed Directly to Payee Enclosure to be sent with check payment

Payee's banking info is provided and you are not sure if they are set up for ACH, but want them to receive ACH

Mailed to - blue envelope attached for (print name): _____ Intramural address: _____

Acceptable mail back reason: _____
 Or Divisional Finance approval is provided here: (signature) _____

Picked up: blue envelope attached and Special Handling form attached with non-GR FAO designated for \$30 fee

Please call (Name): _____ Phone #: _____

Rushed: Special Handling form attached with non-GR FAO designated for \$30 fee *Only one fee will be charged for a Rushed Pick up.*

Accounting Distribution

Company	Spend Category	FAO	Total Amount of Payment:	\$	-
CM	0 2 1	SC	4 8 4 5 0	G	R
CM		SC		\$	-
CM		SC		\$	-
				\$	-

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If completing this form in Excel/PDF, do not edit these cells; they will auto-populate from your entries on the first page.

If completing this form by hand, re-enter the actual values from the first page.

Payee: _____ **Date:** _____ **Total Amount:** \$ _____ -

Invoice Number: _____ **Header Memo:** HUMAN SUBJECT PARTICIPATION

Certification

Agree	Disagree	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Payee does not have access to Protected Health Information.
<input type="checkbox"/>	<input type="checkbox"/>	If the Payee does have access to PHI, a Business Associate Agreement has been obtained or a Privacy Officer has determined a BAA is not required. Privacy Officer name: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	This payment is necessary for the conduct of University business.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	This payment is allowable to the accounting codes (FAO and Spend Category) listed above.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	This payment is fair and in the best interests of the University.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is no conflict of interest per the University's policies with respect to this expenditure.

Mark "NA" if any of the below questions are not applicable.

<input type="checkbox"/>	<input type="checkbox"/>	If the amount is more than \$25,000 pursuant to this Payment Request, a written contract for the aggregate of the expenditures exists.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The citizenship/residency question was discussed with the Payee.
<input type="checkbox"/>	<input type="checkbox"/>	If electronic payment is being requested, signers of this Payment Request have verified electronic funds transfer instructions with payee.

Business Purpose: Explain how the expenditure supports University business. Provide explanations to clarify answers above.

This individual participated in a human subject study conducted in a research lab in Meliora Hall. He/She is not a US Citizen or Permanent Resident, so we are following protocol by requesting that a check be mailed to the address provided. There is no invoice for this request, but we do include receipts and/or a summary sheet of their study session(s). This individual reserves the right to return for additional study sessions.

Each signer certifies, to the best of their knowledge, that (a) the above expenditure is a valid University business expense, allowable to the accounts charged, fair, reasonable, and in the best interests of the University, (b) no conflict of interest exist per the University's policies with respect to this expenditure, and (c), if the University spends more than \$25,000 pursuant to this Payment Request or otherwise a written contract for the aggregate of the expenditures exist, (d) the citizenship/residency question was discussed with Payee and (e) the signers of this request for payment have verified the electronic funds transfer instructions with payee, if applicable.

Requestor (print)	Requestor Title	Phone	Requestor Signature	Date
Debbie Shannon	Administrator	x56864		
Next-level/Supervisor/Approver	Approver Title	Phone	Approver Signature	Date
Department: Center for Visual Science	Box: 270270	Reviewed By (Finance Office): _____		