

UNIVERSITY OF ARKANSAS FOUNDATION, INC.

PAYMENT AUTHORIZATION FORM

☐SYSTEM ☐UAF ☐ADC ☐UALR ☐UAMS ☐UAM ☐UAPB ☐ACRC ☐UACCB

FOUNDATION USE ONLY: _____ PAYEE CODE ☐1099 PAYEE

Make Check Payable To: _____

Mail Check To: _____

Special Handling Instructions:

OR

☐ Pick-up: Call (Name, Phone #) _____

☐ Fed-Ex (Standard) OR ☐ Fed-Ex (Priority)

Recipient Phone # Required _____

**REQUIRED INFORMATION FOR TAXABLE PAYMENTS:
(I.E PROFESSIONAL SERVICES, HONORARIUMS, PRIZES/AWARDS)**

SSN OR TIN _____

Is payee a University Employee? ☐Yes ☐No

Home Address: _____

Is payee a Non-Resident Alien? ☐Yes ☐No ☐Don't Know

Date: _____

Total Check Amount: _____

Charge To:

ADC USE ONLY

Acct. No.	Name	Amount	Exp. Code	Project #
1)				
2)				
3)				
4)				
5)				

(Attach all substantiating documentation; i.e., invoices, receipts, order forms, etc. Make sure all order and/or registration forms are completed with contact and shipping information. Please attach additional copy of any documentation needed to be sent with check.)

Purpose of Expenditure: _____

Contact Person RE Expenditure: _____ Phone: _____

SIGNATURES

Acct. Signatory: _____

School/College Review _____

Fiscal Review: _____
(Chancellor/Vice President or
Authorized Designee)

Approved by: _____
(Executive Director, UA Foundation)

PURPOSE OF SIGNATURE

Authorized Expenditure of Foundation funds

For information/coordination with other campus activities

Review for compliance with policies and procedures & tax compliance

☐ PAYMENT IS TAXABLE TO UNIV EMPLOYEE

Payment is partially taxable in the amount of \$ _____

Verify within donor restriction, validate signature authority, approve
for payment.

CHECK NUMBER & DATE _____