

# UNIVERSITY OF ARKANSAS FOUNDATION, INC. PAYMENT AUTHORIZATION FORM

SYSTEM  
  UAF  
  FCF  
  ADC  
  UALR  
  UAMS  
  UAM  
  UAPB  
  CI  
  UACCB

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: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Date: \_\_\_\_\_ Total Check Amount: \_\_\_\_\_

Check Remittance: \_\_\_\_\_

Charge To: \_\_\_\_\_

**ADC USE ONLY**

Project ID	Project Description	Amount	Acct. No.	Inv. No.	Date	ADC CODE
1)						
2)						
3)						
4)						
5)						
6)						

**(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**

Project Signatory: \_\_\_\_\_

School/College Review: \_\_\_\_\_

Fiscal Review: \_\_\_\_\_

(Chancellor/Vice President or  
Authorized Designee)

Approved by: \_\_\_\_\_

(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** \_\_\_\_\_