



The University of Georgia

Accounts Payable Non-Employee Payment Form

1. Payee Name: _____

2. Payee Address: _____

3. University assigned Vendor Number (VN): _____

4. Is Payee a US Citizen or Permanent Resident Yes No If no,

5. Is the individual going to receive a fee for services associated with this visit? Yes No

6. Is this individual currently enrolled as a student at UGA? Yes No

7. Has the individual been employed by UGA within the last 24 months? Yes No

8. Business Purpose: _____

Payment Categories (please select all that apply)

___ Payment for services rendered \$ _____
 (limited to \$2499.99 or less for physical services with)
 Date(s) services performed _____
 Describe type of service performed _____

___ Reimbursement of valid University expenses incurred

Date(s) travel occurred _____

_____ miles at _____ /mile (click here for _____) \$ _____
 _____ days of full per diem _____ per diem rate (click for _____) \$ _____
 First day of travel per diem rate \$ _____
 Last day of travel per diem rate \$ _____
 Other expenses (receipts required) \$ _____

___ Fellowship \$ _____

Grand Total \$ _____

Signature of Payee _____ Date _____
(not required if invoice attached)

Services outlined above were purchased in accordance with provisions of the University's Finance and Administration Policies and Procedures. Additionally, for any reimbursement of travel expenses for non-employees, I certify these expenses are paid in accordance with the University's non-employee travel reimbursement policy.

Signature _____ Date _____
Approved for Payment