

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 or Training Grant Stipend	\$	
Research Participant Support	\$	
Compensation (Incentives) to Research Subjects	\$	
Grand Total	\$	
Signature of Payee (not required if invoice attached)	Date	e
(not required if invoice attached) Fellowship or Training Grant Stipend disbursements are requested in accordance with t Stipend payments are potentially taxable; ultimately the taxability depends on individual services outlined above were purchased in accordance with provisions of the University Policies and Procedures. Additionally, for any reimbursement of travel expenses for nor expenses are paid in accordance with the University's non-employee travel reimbursem	those pro l taxpayer /'s Financ n-employe	circumstances. Other ee and Administration ees, I certify these
Signature	Det	•
SignatureApproved for Payment	Dat	ᡛ