Clear Form

Accounts Payable
Finance & Administration
UNIVERSITY OF GEORGIA

Print Form

Non-Employee Payment Form

Click here for guidance on paying an individual

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, Click here for requirements
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 Why ask this?
7. Has the individual been employed by UGA within the last 24 months? ☐ Yes ☐ No Why ask this?
8. Business Purpose: _____

_____

_____

Payment Categories (please select all that apply)

☐ Payment for services rendered $ _____
(limited to $2499.99 or less for physical services with some exceptions)

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 current mileage rates) $ 0.00

_____ days of full per diem _____ per diem rate (click for per diem rates) $ 0.00

First day of travel per diem rate $ _____

Last day of travel per diem rate $ _____

Other expenses (receipts required) $ _____

☐ Fellowship or Training Grant Stipend $ _____

Grand Total $ 0.00

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

Fellowship or Training Grant Stipend disbursements are requested in accordance with those programs. All Fellowship/ Stipend payments are potentially taxable; ultimately the taxability depends on individual taxpayer circumstances. Other 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