

# BUSINESS SERVICES

Working Together With  
Department Specialists

COLLEGE OF ARTS & SCIENCES

# HOW DOES **BUSINESS SERVICES** SUPPORT YOUR DEPARTMENT?

Ensure Compliance  
with State Policies

TRAVEL

PAYMENTS &  
REIMBURSEMENTS

FOUNDATION

CONTRACTS &  
CONSULTANTS

MOVING AND  
RELOCATION



# BUSINESS SERVICES

## DEPARTMENT ASSIGNMENTS

Tara Alexander Danielle Stevenson	Esther Prince Barbara Kelley *	Cynthia Cain Emma White	Robert Daniel Emma White *	James Taylor, Jr. Selma Alston (FDN & College Centers)
Biology	Chemistry	Dean's Office Admin. Services	Psychology	Foundation (All Departments)
Communication	Computer Science	Creative Media Industries Inst.	Neuroscience/ Brains & Behavior	ROTC
Geosciences	English	Physics & Astr.	Philosophy	Humanities Research Center
	Gerontology	Sociology	Religious Studies	Center for Asian Studies Center for Latin Amer. Stud
	History	Math & Stats	World Languages	Middle East Studies Center
	Political Science		Applied Ling *	Center for Human Rights & Democracy
	Africana Studies *		WGSS *	Center for Neighborhood & Metropolitan Studies
	Center for Hellenic Studies (Esther will keep temporarily)		Anthropology *	Center for Studies on Africa & Its Diaspora

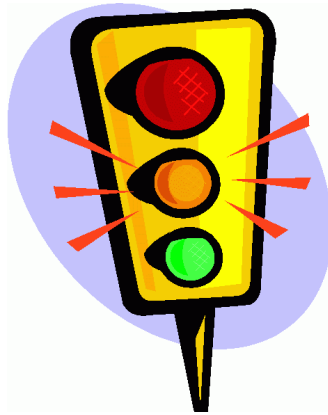
# DEPARTMENT SPECIALIST DIRECTS TRAFFIC for BUSINESS PROCESSES

## PURCHASING

- Goods
- Services

## PAYMENTS

- Vendor Invoices
- Reimbursements
- Guest Speakers
- Consultants



AFO



BST

# BUSINESS SERVICES FORMS

COLLEGE OF ARTS & SCIENCES

# Substitute W-9



Used to collect information about payee in order to add them as a vendor and determine their tax status.

The IRS W-9 (shown below) is used for Foundation payments.

Form (Rev. January 2003) Department of the Treasury Internal Revenue Service	<b>W-9</b>		<b>Request for Taxpayer Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
	<p>Name _____</p> <p>Business name, if different from above _____</p> <p>Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding</p> <p>Address (number, street, and apt., or suite no.) _____</p> <p>City, state, and ZIP code _____</p> <p>List account number(s) here (optional) _____</p> <p>Requester's name and address (optional) _____</p>			
<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <b>How to get a TIN</b> on page 3.</p> <p><b>Note:</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>				
<p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>3. I am a U.S. person (including a U.S. resident alien).</p> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)</p>				
<p>Sign Here _____ Signature of U.S. person _____ Date _____</p>				

RETURN TO GSU PURCHASING DEPT FAX: 404-413-3165 PO BOX 4016 ATLANTA, GA 30302	GEORGIA STATE UNIVERSITY SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM	DO NOT SEND TO IRS
<p>Foreign persons who are non-residents for US Tax purposes do not complete the GSU Substitute W-9 form. Instead, complete IRS Form W-8 BEN available at <a href="http://www.irs.gov/pub/irs-pdf/fw8ben.pdf">http://www.irs.gov/pub/irs-pdf/fw8ben.pdf</a></p>		
► Taxpayer Identification Number (TIN)	<input type="checkbox"/> Employer ID Number (EIN) <input type="checkbox"/> Social Security Number (SSN)	
► LEGAL NAME: _____ (must match TIN above)		
► LEGAL MAILING ADDRESS: _____ (where tax information and general correspondence is to be sent)		
DBA/Branch Location: _____		
ADDRESS: _____		
ADDRESS LINE 2: _____		
CITY: _____	ST: _____	ZIP: _____
TELEPHONE NUMBER: _____ FAX NUMBER: _____ E-MAIL ADDRESS: _____		
► REMIT TO ADDRESS: <input type="checkbox"/> Same as Legal Mailing Address		
DBA/Branch Location: _____		
ADDRESS: _____		
ADDRESS LINE 2: _____		
CITY: _____	ST: _____	ZIP: _____
► ENTITY TYPE		
<input type="checkbox"/> Individual (not a business) <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC-Limited Liability Corporation		
<p><b>SECTION 1 - FEDERAL INFORMATION - REQUIRED</b></p> <p>What is the classification of your business? - See definitions on link below. (State of Georgia Small Business definition.) <a href="http://www.georgia.org/BusinessInGeorgia/SmallBusiness/WomenMinoritiesYouth/Pages/default.aspx">http://www.georgia.org/BusinessInGeorgia/SmallBusiness/WomenMinoritiesYouth/Pages/default.aspx</a></p>		
<p><b>OWNERSHIP AND/OR SBA CATEGORY-MUST SELECT AT LEAST ONE-FORM WILL NOT BE PROCESSED IF INCOMPLETE. Please check all that apply to your business:</b></p> <p> <input type="checkbox"/> Large Business <input type="checkbox"/> Small Business <input type="checkbox"/> Minority Status <input type="checkbox"/> Individual Guest/Visitor  <input type="checkbox"/> Historically Black College <input type="checkbox"/> Women Owned <input type="checkbox"/> African American <input type="checkbox"/> Individual/Consultant/  <input type="checkbox"/> Government/Non Profit <input type="checkbox"/> Small Business - SBA Certified <input type="checkbox"/> Asian American <input type="checkbox"/> Service Provider  <input type="checkbox"/> Minority Designated University <input type="checkbox"/> Disadvantaged - SBA Certified <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Faculty/Student/Staff  <input type="checkbox"/> Private University <input type="checkbox"/> (Must complete minority status) <input type="checkbox"/> Native American <input type="checkbox"/> candidate  <input type="checkbox"/> Public University <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Veteran - SBA Certified  <input type="checkbox"/> Hub Zone - SBA Certified <input type="checkbox"/> Service Disabled Veteran - SBA Certified <input type="checkbox"/> Viet Nam Veteran - SBA Certified       </p>		
<p><b>SECTION 3 - CONFLICT OF INTEREST - REQUIRED</b></p> <p>Are you or any Officer, Owner or Partner in this company an employee of Georgia State University? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any family members employees of Georgia State University? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.</p> <p>3. I am a U.S. person (including a resident alien).</p> <p><b>Certification instructions:</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p> <p><b>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding</b></p>		
Signature of U.S. Individual _____		Date: _____

FORM WILL NOT BE PROCESSED IF NOT SIGNED OR COMPLETED BY VENDOR.

# PAYMENT REQUEST FORM

Used as a cover sheet for  
reimbursements &  
vendor invoice payments

## PAYMENT REQUEST FORM

### VENDOR

Name	
Address	
Vendor# (Spectrum Plus)	

### CITIZENSHIP

Is the payee (Vendor) a U.S. Citizen or Permanent Resident Alien (Green Card Holder)?  
 (Click to Select **Yes** or **No**)

Is the entity foreign based or an agent for a foreign national?  
 (Click to Select **Yes** or **No**)

Is the vendor/payee an employee of Georgia State University?  
 (Click to select **Yes** or **No**)

Is the vendor/payee a student of Georgia State University?  
 (Click to select **Yes** or **No**)

Is the vendor/payee an employee of a University System of Georgia Institution?  
 (Click to select **Yes** or **No**)

Voucher #

Today's Date

mm/dd/yyyy

### NOTES

\*Enter Voucher into Spectrum Plus 8.3  
\*Ensure Approval through Workflow  
\*Check Hold Policy Must be Followed and Requested in Advance of the Form Submission  
\*Deliver Payment Request with Attachments:  
Office of Disbursements  
400-A Sparks Hall, P.O. Box 4030  
Atlanta, GA 30302-4030

### PURPOSE/REASON FOR PAYMENT/DESCRIPTION OF SERVICES

INVOICE NUMBER	
GROSS PAYMENT AMT	\$0.00

### PAYMENT DISTRIBUTION

%-Percent Distribution	Gross Payment-Calculated from %	OR \$ AMOUNT	FEEDCHAR	ACCO UNIT CODE	DESCRIPTION
0%	\$0.00				
0%	\$0.00				
0%	\$0.00				
0%	\$0.00				
0%	\$0.00				
0%	\$0.00	\$0.00			

\$0.00 **GRAND TOTAL** (must equal gross payment)

**Initiator** Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Dat \_\_\_\_\_

By signing, I am stating that to my knowledge the information presented on this Payment Request and the attached documentation is true and factual.

**Payee/Individual (Vendor)** Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Dat \_\_\_\_\_

I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying the University in full for those expenses. Additionally, I certify that any information I provide to the University pertaining to payment for my services is accurate and complete and I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding. The gross amount is accepted as payment in full.

**Auth. Approver for Backup** Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Dat \_\_\_\_\_

By signing the voucher, the individual is certifying that he/she is authorized on the ChartField combination(s) that the charges are appropriate to the ChartField combination(s) being charged and the charges are legitimate expenses within the University guidelines.

# FOUNDATION DISBURSEMENT REQUEST FORM

Used as a cover sheet for  
invoices & reimbursements  
paid with GSU Foundation  
funds.

(1) Web Invoice #

(2) Web Invoice Total \$

(3)

(4)

FE Project ID#

Foundation Project Name

## Foundation Disbursement Request

### Vendor Information

Payee Name: (Please Print) (5)

Payee Remittance/Home Address: ☐ Check if new (6)

GSU Employee? (yes/no): (7)

Panther ID # for Employees / Students: (8)

Do GSU employees have a relationship, financial or otherwise, with the Service Provider/Business/Payee? (yes/no): (9)

(10) Invoice # /Date: Event Date & Location

Business purpose/expense detail:

(11)

**REQUIRED FOR INDIVIDUALS - Residency Status for Tax Purposes:** Is payee a US Citizen or Permanent Resident Alien

(12) ☐ YES - If YES, submit the Request for Disbursement to the Foundation once completed and approved.

☐ NO - If NO, complete the required information on the **Glacier Tax Analysis System** on the web. Payment from GSU Foundation funds must be processed through a Grants & Contracts Project (#GFxxxxxxx) that is sponsored by the Foundation in order to be in compliance with the IRS regulations concerning payment to foreign nationals or foreign companies.

Please reference the **Foreign National Tax Analysis and Payment Guide** located on the University's website:  
<http://www2.gsu.edu/~wwwfas/FinancialOperation/ForeignNationalTaxAnalysisandPayments.pdf> for instructions and contact information.

### Expense Certification - MUST BE COMPLETED BY PAYEE IF PAYEE IS NOT A CORPORATION/COMPANY

I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying GSU Foundation in full for those expenses.

Signature of Payee or Unit Requestor: (13)

Date:

Chair / Director Approval: (14)

Date:



# TRAVEL AUTHORIZATION FORM

Used to give important details about the trip when an employee is traveling on university business

Travel Authorization - Employee			Georgia State University
<a href="#">View State of GA- Statewide Travel Policy Here</a>			
<b>Purchase Order #</b> ( when available)			
(Attach Travel Authorization to the PantherMart requisition when creating a Travel PO)			
<b>Employee/Traveler's Name</b>			
<b>Employee/Traveler's Address</b> (Street)			
(City, State, Zip)			
<b>Traveler's Panther ID #</b>			
<b>Traveler's Vendor #</b> (if differs from Panther ID)			
<b>Dates of Travel</b> Departure Date (mm/dd/yyyy)			
Return Date (mm/dd/yyyy)			
<b>Travel Destination (City, State, County)</b>			
<b>Full Name of Event</b>			
<b>Purpose of Travel:</b>			
Must include your purpose for attending the event listed above.			
<b>Traveler's Home Department :</b> Dept. Name			
Dept. Number			
Classes/duties in my absence will be handled by			
<b>Account to Charge Information</b>	<b>Speedtype/Project ID</b>	<b>Fund Code</b>	
<b>Estimated Travel Expenses</b>			
(Only include expenses for which you plan on requesting reimbursement)			
<b>Account</b>	<b>Description</b>	<b>Amount</b>	
640100 - Employee Travel	Airfare (Paid directly by the University)	\$ -	
640100 - Employee Travel	Airfare (Not paid directly by the University)	\$ -	
640100 - Employee Travel	Ground Transportation	\$ -	
640100 - Employee Travel	Meals	\$ -	
640100 - Employee Travel	Lodging	\$ -	
640100 - Employee Travel	Parking	\$ -	
640500 - Employee Mileage	Reimbursable Mileage	\$ -	
640100 - Employee Travel	Miscellaneous Expenses (Describe Below)		
		\$ -	
<b>*Conference registration fees SHOULD NOT be included with your estimated travel expenses.</b>			
<b>Total Estimated Travel Expenditures :</b>		<b>\$ -</b>	
(If PO issued to encumber funds, amount to be entered on PO)			
<b>Signature Approval/Authorization of Travel Expendi</b>		<b>Printed Name / Date</b>	
<b>Traveler:</b>		/	
<b>Department Head Approval:</b>		/	
<b>Budget/Project Approval:</b>		/	
diff. from Department Head Approval)			

# Service Provider Classification Worksheet –SPCW Form

Determines whether or not this person may be paid as a vendor through PMart, or whether we must hire them as an employee through Payroll.

Georgia State University  
Service Provider Classification Worksheet  
-SPCW Form-

GSU INFORMATION			
Hiring Department	Contact Person	Telephone Number	Email

SERVICE PROVIDER INFORMATION			
Legal Name of Service Provider (individual)	Name of Business (if different)	GSU Vendor ID # (if known)	
Service Provider's Address	City	State	Zip Code

The following questions must be asked directly to the Service Provider. Service Provider must acknowledge with signature that answers provided are truthful and correct.

Complete the following if Service Provider is an individual:

1. Is Service Provider a GSU employee or student employee? ☐ Yes ☐ No
2. Is Service Provider an employee or student employee of any other University System of GA (USG) institution? ☐ Yes ☐ No
3. Does the Service Provider have a pending contract for employment at GSU or other USG Institution? ☐ Yes ☐ No
4. Does the Service Provider have any relationship (personal, financial, or otherwise) with a GSU employee that might present the appearance of a conflict of interest? ☐ Yes ☐ No  
If yes, provide an explanation:
5. Is Service Provider a retiree of the University System of GA (USG)? ☐ Yes ☐ No
6. Is Service Provider a US Citizen or holder of a Green Card? ☐ Yes ☐ No  
If no, contact Ivan Ivanov, Tax Accountant, to discuss nonresident alien tax withholding.

If either response to questions 1-4 is **Yes**, contact the Office of Legal Affairs at (404) 413-0500 prior to submitting this form. Attach documentation indicating the Office of Legal Affairs has reviewed and provided approval.

Complete the following if Service Provider is a business:

1. Does Service Provider employ any GSU employee or student employee? ☐ Yes ☐ No
2. Does Service Provider employ the spouse or dependent children of any GSU employee or student employee? ☐ Yes ☐ No
3. Does a GSU employee, student employee, or a spouse or dependent children of a GSU employee or student employee have any ownership interest in Service Provider? ☐ Yes ☐ No
4. Does the Service Provider have any relationship (personal, financial, or otherwise) with a GSU employee that might present the appearance of a conflict of interest? ☐ Yes ☐ No

If either response to questions 1-4 is **Yes**, contact the Office of Legal Affairs at (404) 413-0500 prior to submitting this form. Attach documentation indicating the Office of Legal Affairs has reviewed and provided approval.

# BUSINESS SERVICES

Purchasing through PantherMart

COLLEGE OF ARTS & SCIENCES

# STEPS FOR PROCESSING PANTHERMART TRANSACTIONS

Danielle Stevenson and Emma White

## New Vendor Adds- Have vendor to complete Substitute W-9 and forward to BST

## Payment Requests & Reimbursements- Vendor Invoices, Reimbursements

- Department Specialist-** Receives signed invoices or receipts; forward payment request form and documents to Assistant Finance Officer (AFO).



Invoice Date: Demonstrators Anonymous  
April 25, 2015  
Invoice Number: 123 Test  
INV\_98  
Reference: Denver 80111  
United States  
123-446-7890  
fxme.domainemail@example.org

Description	Quantity	Unit Price	Sales Tax	Amount USD
Contribution Amount	1	\$ 125.00	No Sales Tax	\$ 125.00
Sub Total				\$ 125.00
TOTAL NO Sales Tax				
TOTAL USD				\$ 125.00
LESS Amount Paid				\$ 125.00
AMOUNT DUE:				\$ 0.00

DUE DATE: May 25 ,2015

### PAYMENT ADVICE

To:  
Demonstrators Anonymous  
123 Test Dr  
CO  
Denver 80111  
United States  
123-446-7890  
fxme.domainemail@example.org

Customer: Kate Sheed  
Invoice Number: INV\_98  
Amount Due: \$ 0.00  
Due Date: May 25, 2015



## Purchases- Punch Out Vendor, or Hosted Catalog,




Direct Purchases for Department, e.g. office supplies and equipment; copier leases and renewals

*(Lab Personnel may continue to create their own carts and assign them in Panthermart to their Business Coordinator)*














1. **Department Specialist** – order items in Panthermart & assign cart to Business Services Team.

*We will not go into detail here, but you will learn about creating and assigning carts during your PantherMart training class.*





▼ Hosted Suppliers - Georgia MANDATORY Suppliers

 Georgia Correctional Industries... State Mandatory Supplier	 GEPS-GA Enterprises Mandatory	 GEORGIA INDUSTRIES FOR THE BLIND Mandatory
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▼ Punch-out Suppliers

 AMAZON CAPITAL SERVICES, INC.-0000051736		 Punch-out, cXML PO & Invoice
		
	 Handling Charges Apply - AC	 Industrial Supplies
	 Henry Schein	 MY GEORGIA OFFICE PRODUCTS, LLC-...
		 SIGMA-ALDRICH GSU Agency Contract

▼ Hosted Suppliers - Scientific

 AGILENT TECHNOLOGIES	 SWCC INSTRUMENT HOUSE	 CYRGUS CO. , LLC-470775989 Nebraska Scientific
		 Open Market

# Non Catalog Items

Non-Catalog Items (Quotes Required)

Supplies/Equipment purchases-

Services (maintenance, repairs, etc.)- with or without contract routing,

Hiring independent contractor/ consultant, guest speaker (SPCW, new vendor profile form,

**Department Specialist**- Receives documents, forward to Business Coordinator Lead.

**\*Memo Of Justification (MOJ)**

**Late Memo is Required for payments that are submitted 30 days after due date.**

**(May be created by DS or Chair and signed by the Chair.)**

A decorative graphic consisting of several overlapping, wavy, light blue lines that curve upwards and to the right, located in the bottom right corner of the slide.

# BUSINESS SERVICES TRAVEL

COLLEGE OF ARTS & SCIENCES

***Steps for processing Travel Expenses beginning (Domestic/International) July 1<sup>st</sup>.***

***Tara Alexander and Robert Daniel***

1. Faculty member will give completed signed travel authorization form to Department Specialist.
2. Department specialist will confirm and/or obtain budget approvals from AFO for state budgets or GCO for sponsored budgets.
3. Department specialist will use authorization to create cart for travel into Panthermart
4. Department specialist will assign cart to BSC, LEAD

1. For Non-employee travel use step 1-3 above then:

Department Specialist will Initiate payment request for hotels and carts for reimbursement related to travel to BSC, LEAD

1. After return from trip, no action is required from Department Specialist. Traveler will submit travel expense statement and receipts to BSC, LEAD directly



# BUSINESS SERVICES FOUNDATION

COLLEGE OF ARTS & SCIENCES

## FOUNDATION

### Cynthia Cain and Esther Prince

#### New Vendor Payments (W-9 submission and tracking)

- DS to obtain w-9 from new vendor and send request to BST LEAD.

#### Web-Invoicing

##### (Invoice Payment)


1. DS to complete **Foundation Disbursement Request Form** (cover sheet) and attach the invoice and supporting documentation (flyer, program, agenda, etc.)
2. Once form is completed DS to get signatures from payee and department Chair
3. DS to email full packet to Assistant Finance Officer to get approved project ID and add to form.
4. Once all signatures completed and project ID added to form forward to BST Coordinator.

##### (Reimbursement)

1. DS to complete **Foundation Disbursement Request Form** and attach the receipts and supporting documentation (flyer, program, agenda, etc.)
2. Once form is completed DS to get signatures from payee and department Chair
3. DS to email full packet to Assistant Finance Officer to get approved project ID and add to form.
4. Once all signatures completed and project ID added to form forward to BST Coordinator.

# FOUNDATION DISBURSEMENT REQUEST FORM

Revised 08/14/2020

**Georgia State University  
FOUNDATION**

**(1) Web Invoice #** [redacted]

**(2) Web Invoice Total \$** [redacted]

**(13)**  
FE Project ID# [redacted]

**(14)**  
Foundation Project Name [redacted]

**Foundation Disbursement Request**

Vendor Information
Payee Name: (Please Print) <b>(3)</b>
Payee Remittance/Home Address: <input type="checkbox"/> Check if new <b>(4)</b>

**NOTE: Make sure the form date, located in upper right corner, is 8/14/20. All other forms, before this date, will not be accepted.**

- 1) WEB INVOICE #:** This number will be obtained **AFTER** you have entered and saved the web invoice. At that time, the web invoice # will be written in this space and on ALL documents attached in the web invoice.
- 2) WEB INVOICE TOTAL:** The total amount being requested. Be sure that this amount matches the amount being entered in the web invoice.
- 3) PAYEE NAME (please print):** The payee will be either an individual or vendor.
- 4) PAYEE REMITTANCE/HOME ADDRESS:**  
*If Payee is an individual* – enter mailing address; if address is new since the individual submitted a previous reimbursement request, be sure to check 'New' box  
*If Payee is a vendor* – enter the 'Remit to' address, if listed, on the invoice; otherwise, enter vendor address on invoice.

# FOUNDATION DISBURSEMENT REQUEST FORM cont'd...

GSU Employee? (yes/no): (5)

Panther ID # for Employees / Students: (6)

Do GSU employees have a relationship, financial or otherwise, with the Service Provider/Business/Payee? (yes/no): (7)

(8) Invoice # \_\_\_\_\_/Date: \_\_\_\_\_ Event Date & Location \_\_\_\_\_

**(5) GSU EMPLOYEE? (Conflict of Interest question):** - This question **MUST** be answered. If the answer is 'yes', the employee's PantherID# must be listed in #8; if the answer is 'no', skip #8 and proceed to #9.

**(6) PANTHER ID# FOR EMPLOYEES/STUDENTS:** Enter Panther ID# **ONLY** if the answer to #7 is 'yes'

**(7) DO GSU EMPLOYEES HAVE A RELATIONSHIP, FINANCIAL OR OTHERWISE, WITH THE SERVICE PROVIDER/BUSINESS/PAYEE? (Conflict of Interest question)** This question **MUST** be answered.

**(8) INVOICE#** - The invoice # can be found on the vendor's invoice, if indicated as such.  
NOTE: the order # and invoice # are not the same. If an Invoice # is not provided, leave blank.

**DATE:** Enter invoice date found on the vendor's invoice

**EVENT DATE/LOCATION:** Enter event date and event location

# FOUNDATION DISBURSEMENT REQUEST FORM cont'd...

(9) **BUSINESS PURPOSE/EXPENSE DETAIL:** Enter business purpose of event. Be as clear and concise as possible, including the number of attendees and their GSU relationship. This same information will be entered in the Expense Detail section, in ALL CAPS, in the web invoice.

(10) **REQUIRED FOR INDIVIDUALS:** This section should be completed **ONLY** if the Payee is an individual. Depending on answer, if 'yes' or 'no', the next step is indicated.

**EXPENSE CERTIFICATION:** This section is completed **ONLY** if the Payee is NOT a corporation.

(11) **SIGNATURE OF PAYEE OR UNIT REQUESTOR:** Payee must sign here.

(12) **CHAIR/DIRECTOR APPROVAL:** Chair/Director must sign here.

**Business purpose/expense detail:**

(9)

**REQUIRED FOR INDIVIDUALS - Residency Status for Tax Purposes:** Is payee a US Citizen or Permanent Resident Alien

(10) ☐ **YES** - If YES, submit the Request for Disbursement to the Foundation once completed and approved.

☐ **NO** - If NO, complete the required information on the **Glacier Tax Analysis System** on the web. Payment from GSU Foundation funds must be processed through a Grants & Contracts Project (#GFxxxxxxx) that is sponsored by the Foundation in order to be in compliance with the IRS regulations concerning payment to foreign nationals or foreign companies. Please reference the **Foreign National Tax Analysis and Payment Guide** located on the University's website: <http://www2.gsu.edu/~wwwfas/FinancialOperation/ForeignNationalTaxAnalysisandPayments.pdf> for instructions and contact information.

**Expense Certification – MUST BE COMPLETED BY PAYEE IF PAYEE IS NOT A CORPORATION/COMPANY**

I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying GSU Foundation in full for those expenses.

Signature of Payee or Unit Requestor: (11)

Date:

Chair / Director Approval: (12)

Date:

Original receipts and/or invoices must be attached for reimbursement. No reimbursement will be made for expenses supported by photocopies, estimates or approximations. Incomplete and unapproved requests will be returned and a delay in payment will occur.  
Submit to GSU Foundation: 1 Park Place South, Suite 533 – Atlanta, GA 30303 - (404) 413-3443  
P. O. Box 3963, Atlanta, GA 30302-3963

# FOUNDATION DISBURSEMENT REQUEST FORM

**REQUIRED FOR INDIVIDUALS** - **Residency Status for Tax Purposes:** Is payee a US Citizen or Permanent Resident Alien

**(12)** ☐ **YES** - If YES, submit the Request for Disbursement to the Foundation once completed and approved.

☐ **NO** - If NO, complete the required information on the **Glacier Tax Analysis System** on the web. Payment from GSU Foundation funds must be processed through a Grants & Contracts Project (#Gxxxxxxx) that is sponsored by the Foundation in order to be in compliance with the IRS regulations concerning payment to foreign nationals or foreign companies.

Please reference the **Foreign National Tax Analysis and Payment Guide** located on the University's website:

<http://www2.gsu.edu/~wwwfas/FinancialOperation/ForeignNationalTaxAnalysisandPayments.pdf> for instructions and contact information.

**Expense Certification – MUST BE COMPLETED BY PAYEE IF PAYEE IS NOT A CORPORATION\COMPANY**

I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying GSU Foundation in full for those expenses.

Signature of Payee or Unit Requestor:

**(13)**

Date:

Chair / Director Approval:

**(14)**

Date:

Original receipts and/or invoices must be attached for reimbursement. No reimbursement will be made for expenses supported by photocopies, estimates or approximations. Incomplete and unapproved requests will be returned and a delay in payment will occur.

Submit to GSU Foundation: 1 Park Place South, Suite 533 – Atlanta, GA 30303 - (404) 413-3443

P. O. Box 3963, Atlanta, GA 30302-3963

## (Travel) \***Rare Occurrence**

1. Prior to travel, employee to complete travel authorization form and have signed by supervisor (note that travel is being paid from the Foundation. Hold until employee returns from travel.)
2. Once employee returns from travel DS to complete **Foundation Disbursement Request Form**, Expense Detail Statement and attach the travel authorization, receipts and any supporting documentation (flyer, program, agenda, international conversion tables, etc.) from travel.
3. Once form is completed DS to get signatures from payee and department Chair
4. DS to email full packet to Assistant Finance Officer to get approved project ID and add to form.
5. Once all signatures completed and project ID added to form forward to BST Coordinator.

## **Student Scholarship/Fellowship/Award Payments**

- DS to complete Notice of Intent (NOI) form, Student Acceptance Form and Scholarship/Awards/Fellowship Disbursement Form and forward to College Business Services Officer (CBO) James Taylor.

## Staff and Faculty Award Payments

- DS to receive names and complete Foundation Disbursement Form. Once completed please send to CBO James Taylor.

## Speaker Agreements & Contracts

- DS to email Chair for funding source and then forward email to BST Lead with funding source.

## Wire transfers

- DS to send all wire transfers to BST, Lead.

# WE'RE HERE TO SUPPORT YOU!

**James C. Taylor, Jr.**, College Business Services Officer: [jtaylor3@gsu.edu](mailto:jtaylor3@gsu.edu)

**Selma Alston**, Rehired Retiree: [salston@gsu.edu](mailto:salston@gsu.edu)

**Tara Alexander**, Lead Business Services Coordinator: [talexander5@gsu.edu](mailto:talexander5@gsu.edu)

**Esther Prince**, Lead Business Services Coordinator: [eprince4@gsu.edu](mailto:eprince4@gsu.edu)

**Cynthia Cain**, Lead Business Services Coordinator: [cwilson38@gsu.edu](mailto:cwilson38@gsu.edu)

**Robert Daniel**, Lead Business Services Coordinator: [rdaniel@gsu.edu](mailto:rdaniel@gsu.edu)

**Emma White**, Business Services Coordinator: [ewhite47@gsu.edu](mailto:ewhite47@gsu.edu)

**Barbara Kelley**, Business Services Coordinator: [bkelly@gsu.edu](mailto:bkelly@gsu.edu)

*We're also available via Teams*



# QUESTIONS?

*Please type questions into the chat*