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)

PURPOSE/REASON FOR PAYMENT/DESCRIPTION OF SERVICES
Istock Photos reimbursement for design work

INVOICE NUMBER REIMBPARKING thru 071912
GROSS PAYMENT AMOUNT $0.00

PAYMENT DISTRIBUTION

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<th>↓ Percent Distribution</th>
<th>%</th>
<th>Gross Payment-Calculated from %</th>
<th>OR ↓ $ AMOUNT</th>
<th>SPEEDCHART</th>
<th>ACCOUNT CODE</th>
<th>DESCRIPTION</th>
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$208.00

GRAND TOTAL (must equal gross payment)

Initiator
Signature________________________ Printed Name____________________ Date__________
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____________________ Date__________
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 Budget
Signature________________________ Printed Name____________________ Date__________
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.