

**Payment requests must be submitted in a timely manner. Please process documents as soon as possible from the time an invoice is received or expense incurred. Requests for reimbursement must be submitted within 30 days of the expense. Forms submitted incomplete or absent required documentation will not be processed and may be returned to the requesting department.**

**1. Vendor Payee Information**

- a. Indicate if the payee is an individual, a company, Faculty or Staff, or Student
- b. Banner ID- Please provide the Banner ID. If the payee is new to the University a form W9 or New Vendor Information Form will be required. The Controller's Office may request assistance in obtaining a W9 or New Vendor Information Form.
- c. TIN/ SSN- Enter the Tax ID of the company. This is required for companies providing services. Enter the SSN for individuals providing services, workshop participants, contract services, honorariums, and other payments subject to 1099 Rules and Regulations. A TIN or SSN is not required for Faculty, Staff, Students, and for payees requesting a reimbursement.
- d. Payable to: Please provide the complete legal name of the Payee. If the payee is an operating as a sole proprietor please list the individual's name on the payee line and "doing business as" (d.b.a. XYZ Shop) on the first line of the address. See example to the below.

DBA Example
Payable to <u>Joe Smith</u>
Address: <u>dba Smith's Electrical Service</u>
<u>291 Chestnut Drive</u>
<u> </u>
City: <u>Boone</u> State <u>NC</u> Zip Code <u>28607</u>

- e. Enter Address information. If the address is in a foreign country please list the name of the country on the 3rd line of the address fields

## 2. Citizenship Status

- a. Check the appropriate box for a US Citizen, US Based Company, Nonresident Alien or Foreign Company. Correctly identifying the citizenship status of payees insures that the University is in compliance with State and Federal Laws

## 3. State of Residency

- a. Indicate if the payee is a resident of North Carolina or an out of state resident. NC Tax laws require 4% withholding from certain payments for services indicating the state of residence assists the University with complying to State law.
- b. NC Cert of Authority#: Vendors who have obtained a Certificate of Authority number from the NC Department of Administration are exempt from the 4% withholding requirement. Documents validating the Certificate of Authority must accompany the payment form.

## 4. Type of Payment

- a. Expense Reimbursement: This can be any reimbursement to an individual, company, Faculty or Staff member, or Student

**Remember to state the business purpose of the reimbursement in the space provided**

**All Reimbursements must provide documentation to support the request. This includes but is not limited to : Original Itemized Receipts, Personal Credit Card Statements, other documents to support the request.**

- b. Meals and Entertainment expenses

**All Reimbursements must provide documentation to support the request. This includes but is not limited to : Original Itemized Receipts, Personal Credit Card Statements, other documents to support the request.**

**\*\*IMPORTANT- IF THIS IS A REIMBURSEMENT REQUEST FOR MEALS AND ENTERTAINMENT EXPENSES THE REQUESTOR MUST INCLUDE A DESCRIPTION/ BUSINESS PURPOSE OF THE EVENT, THE LOCATION OF THE EVENT, A LIST OF ATTENDEES, THE TIME OF THE EVENT, AND THE DATE OF THE EVENT.\*\* REIMBURSEMENTS FOR PURCHASES OF ALCOHOL MUST BE APPROVED BY ACADEMIC AFFAIRS IN ADVANCE.**

- c. Invoice- If this form is used to submit a payment for an invoice received that does not have an ASU Purchase Order number (Generally under \$1,500.00) then an original invoice (or printed image if received electronically) should be attached. If an original (or electronic) Invoice is not available additional documentation may be requested.
- d. Prepayment- The University does not typically prepay for products or services. The Pre-Payment Authorization form must be attached and should only be used when a vendor does not accept a Purchase Order from the University. Direct Payment Forms submitted with the Pre-Payment Authorization attached are approved by the Purchasing Department. The Purchasing Department should be contacted in advance in cases of doubt about the

- e. Honorariums- The invitation letter must be attached. If the Honorarium is for a Non-US Citizen additional procedures must be followed. For assistance please contact the Office of International Education and Development.
- f. Workshop Participants- The date, time, location, name, and description of the workshop should be provided in the space for the description of the payment. The SSN of workshop participants must also be provided on the form in section 1.
- g. Research Subject Participants- Provide the date, time, location, name of the study, and the person responsible for the research in the space provided. The SSN of subjects must also be provided on the form in section 1.
- h. Contract Services- A copy of the contract must be attached. All Contract services should be detailed in the description field as to the dates and times, location, and types of services performed. The assigned contract number from the Controller should be listed in the space provided.
- i. Other- Please provided a detailed description in the space provided in addition to supporting documentation

#### 5. Accounting Information

- a. Invoice Date- if applicable
- b. Invoice Number- if applicable
- c. Invoice Due Date- if applicable
- d. Description- Summary description of the payment. A more detailed description or rational for the payment should be documented in the space provided under the Type of Payment section.
- e. Fund and Account to be charged
- f. Amount of the payment

#### 6. Receiving Information

- a. Indicate by checking the appropriate box that Materials have been received and are in satisfactory condition, or indicate that services have been satisfactorily completed.
- b. The person who receives the goods and checks the condition of the goods needs to sign in the space provided.
- c. The project director is responsible to sign in the space provided when an independent contractor has completed the requested services.

#### 7. Funds Distribution

- a. Funds can be mailed to a payee, direct deposited to a bank account, mailed to a campus department, or picked up in person
- b. For checks picked up in person please provide the name of the person picking up the check
- c. Direct Deposit override is not an option available to faculty and staff members. All reimbursements to faculty and staff members will be made directly to their bank.

## 8. Authorizations

- a. Spaces have been designated for authorizing signatures.
- b. If the payment is for a reimbursement to a faculty or staff member they must sign as the requestor.
- c. **Requestor's signature verifies that:**  
**"Under penalties of perjury, I certify that this is a true and accurate statement of expenses incurred on behalf of Appalachian State University"**
- d. **Authorizer's signatures verify that:**  
**"I have examined this payment and that it is just, reasonable, and correct"**

## 9. Administrative Office

- a. This section is used by the Controller's Office or other Administrative offices to facilitate approval routing for payment by Business Services. Reimbursements that are approved for Alcohol can be approved here on the line for Academic Affairs.