

The University of Mississippi Office of Procurement Services Request for Payment

UM Department Contact Information:

Date _____
 Name _____
 Department _____
 Email _____
 Phone _____

Payee Contact Information:

Name _____
 Vendor # _____
 Mailing Address _____
 Email _____ Phone _____

Type of Payment (X one):

- UM Employee Reimbursement - provide Personnel #: _____
- UM Student Reimbursement - provide Student ID #: _____
- Third-Party Reimbursement to US Citizen
- Third-Party Reimbursement to non-US Citizen*
*Form 13-S approved by International Student & Scholar Services must be attached for all non-US citizens
- Vendor Payment - restricted to utility bills, petty cash reimbursements, group meals, catering, etc.**
**Payments for goods and services should be processed on p-card or purchase order (unless an e-Form 13 is required)

Cost Center/Internal Order:	G/L Account:	Amount:	Grand Total:
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	\$ _____

Purpose:

Information to be included on check stub/direct deposit advice:

Reference _____ This will always be the invoice number if available. Maximum of 16 characters.
 Text _____

As the individual and/or department head seeking payment, I attest that all commodities (goods) and/or services listed above have been received, or prepayment approval obtained if applicable, and that all terms and conditions related to the purchase of these goods and/or services have been met. The invoice for the goods and/or services specified above should be paid.

If a contract is associated with this purchase, I understand that I am responsible for personally confirming receipt of the commodities (goods) and/or services as well as ensuring compliance with all terms and conditions of the contract. In addition, payment for these goods and/or services will not cause the total amount expended under the contract to exceed the agreed-upon contract amount, and the invoice for them should be paid. I have included the completed Contract Routing and Approval Form and the fully executed contract with this Request for Payment.

Signatory Officer:

 Signature _____ Typed/Printed Name _____

For food purchases, if the average cost person, excluding tip, exceeds \$35.00, the appropriate Vice Chancellor or the Provost must approve. Any employee reimbursement request greater than \$250 requires the approval of the employee's department head. If a department head is requesting the reimbursement, the form must be approved by their appropriate report: chair, dean, or administrative head.

Additional Approvals:

 Signature _____ Typed/Printed Name _____