

# 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:
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	\$ <u>0.00</u>

**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 \$55.00, 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 \_\_\_\_\_