

**The University of Mississippi  
Office of Procurement Services  
Request for Payment**

**UM Department Contact Information:**

Date THIS SHOULD BE FILLED OUT BY  
 Name THE PERSON IN THE DEPT  
 Department THAT IS RESPONSIBLE FOR  
 Email SUBMITTING THE RFP  
 Phone \_\_\_\_\_

**Payee Contact Information:**

Name PERSON OR COMPANY BEING PAID  
 Vendor # \*REQUIRED\* (NOT PERSONNEL #/CANNOT WRITE N/A)  
 Mailing Address CANNOT BE A UNIVERSITY ADDRESS  
 Email \*REQUIRED\* Phone \*REQUIRED\*

**Type of Payment (X one):**

- UM Employee Reimbursement - provide Personnel #: PERSONNEL # PLEASE BE SURE YOU MARK
- UM Student Reimbursement - provide Student ID #: STUDENT ID # THE CORRECT BOX HERE
- 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>*REQUIRED*</u>	_____	\$ _____	
<u>PROCUREMENT IS NOT</u>	_____	\$ _____	
<u>TO FILL IN THE COST CENTER</u>	_____	\$ _____	\$ <u>0.00</u>

**Purpose:** \*REQUIRED\* - SHOULD INCLUDE INFO SUCH AS WHO, WHAT, WHEN, WHERE, AND WHY ACCOUNTS PAYABLE IS PROCESSING THIS PAYMENT. ALL BACKUP DOCUMENTS MUST BE SUBMITTED WITH THE RFP.

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

Reference CAN PUT REIMBURSEMENT/REFUND/RETURN OF FUNDS OR INVOICE # \*REQUIRED\* This will always be the invoice number if available. Maximum of 16 characters.

Text \*\*PLEASE FAMILIARIZE THE PARAGRAPHS LISTED BELOW\*\*

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:** SIGNATORY OF ACCT # ON RFP  
 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: \*REQUIRED WHEN SIGNATORY IS SIGNING FOR THEMSELVES W/ AN AMOUNT OVER \$250**  
 Signature \_\_\_\_\_ Typed/Printed Name \_\_\_\_\_