

B R Y N M A W R C O L L E G E
REQUEST FOR PAYMENT
COMPTROLLER'S OFFICE

<i>Accounts Payable Use Only</i>	
ADDRESS #	TICKLER FILE
1099 VENDOR	Unclick withhold box

SECTION I: Payee, Account, and Amount

(Please print or type)

NAME OF PAYEE: _____
First M. Last

Address: _____ **BMC ID #** _____

City: _____ **State:** _____ **Zip:** _____ **U.S. Soc. Sec. #** _____

16 DIGIT ACCOUNT NUMBER				AMOUNT
Fund	Expense (xxxxx)	Dept (xxxxx)	Project (xxxxx)	
				\$
				\$
				\$
TOTAL AMOUNT:				\$

SECTION II: Business Expenditure Description

A. PAYMENT (non-travel & non-service) Description: _____
Attach supporting documentation / receipts

Advance Direct Payment Expense Reimbursement Contribution to Student Group

B. PAYMENT FOR SERVICES (Individual may not be on the College payroll)
Attach the original signed contract / service agreement form approved by Human Resources

Honorarium (51814) Professional Fee (51852) or (51865) (attach invoice) Other Services (51836) (attach invoice)

Description: _____
 Date(s): _____ Rate: _____ Total Hours: _____

Citizenship: U.S. Citizen or Resident Alien (W-9) Nonresident Alien (W-8) – Must be processed by Payroll Dept.

Form W9: Signed W-9 is attached Signed W-9 is on file in Comptroller's Office

C. NON-SERVICE PAYMENT Description: _____

Prize (52505) Refund Other: _____

SECTION III: Distribution

Pickup check Campus mail _____ (provide box # or dept) U.S. Mail to address provided above

U.S. Mail to: _____

Other Instructions: _____

SECTION IV: Certification and Authorization

I certify that: 1) The expenditures are related to College business.
 2) No portion of the claimed expenses has been or will be reimbursed/paid from other sources.
 3) Original itemized paid receipts are attached for reimbursement. Reimbursement payment in which there is a lack of original receipts has been approved for the following reason(s): _____

Authorizing Department: _____ **Today's Date:** _____

Authorized Signature: _____ **Phone Extension:** _____

REQUEST FOR PAYMENT

This form should be used for all check/cash requests **except:**

1. Requests for travel advances or reimbursements: Use the travel funds request form.
2. Requests to pay invoices issued by companies and organizations for services rendered, merchandise received, or contract down payments: Use the Accounts Payable Vendor Payment form.
3. Payments to College employees for services: These payments are processed through Payroll; contact Human Resources
4. To pay an employee for extra services: Staff -contact the Treasurer's Office; Faculty- contact the Provost Office
5. Scholarship / Fellowship / Research awards to a student are processed on the "Fellowship/Scholarship Payment Request Form" and are processed through Payroll according to the Student Payroll Schedule. (A scholarship payment being paid directly to an educational organization on behalf of the student recipient should be submitted on this form under Section C, "Other")

INSTRUCTIONS:

SECTION I

1. PAYEE: Provide the full name of the individual to whom the payment is payable. Only one payee per form can be processed. Do not use nicknames. Provide the Bryn Mawr College Identification Number of the individual, if available.
2. ADDRESS: Provide the full permanent address of the individual to whom the payment is payable. If the individual is an employee or student of Bryn Mawr College and the payment will be sent campus mail, then the permanent address does not need to be provided on this form. Addresses must be provided for all other payees.
3. ID # / SOCIAL SECURITY #: Provide the BMC ID Number or provide the individual's U.S. Social Security Number /Tax Id number.
4. ACCOUNT NUMBER: Enter the account number(s) to be charged.
5. AMOUNT / TOTAL AMOUNT: Enter the amount to be charged to each account on the line next to the account number boxes. Add the amounts to be charged to each account and enter the sum on the TOTAL AMOUNT line. One payment will be processed for the TOTAL AMOUNT.

SECTION II *Please do not combine requests for payment (category B) with other types of requests.*

- A.** Check this box for a reimbursement of out-of-pocket expenditures not related to travel, or to obtain an advance for expenditures, or for a direct payment without an invoice. Give a brief description of the expenditure (e.g., office supplies, telephone calls). Attach supporting documentation for the expenditure (original itemized paid receipts). An accounting for advances must be submitted to the Comptroller's Office within two weeks of the disbursement day. Use this form to be reimbursed for expenditures in excess of the advance. Send cash in excess of expenditures directly to the Cashier with a cash receipt form crediting the appropriate account(s), with a copy of the receipt to Accounts Payable.
- B.** Check this box to pay an individual who is not on the College payroll for services rendered, including honoraria, lecture fees, other professional fees and hourly wages. Attach the contract signed by the guest speaker/lecturer or performer. Contact the Treasurer's Office for the contract form. Briefly describe the type of services, including the dates, hourly rate or fee, and the total number of hours worked (if paid by the hour). Attach available billings or invoices. Human Resources must approve in writing all payments to individuals for hourly wages. **Stipends for research, teaching, or graduate assistantships are processed by through Payroll.** Please have the individual verify his or her citizenship, U.S. Social Security/Tax ID Number and permanent home address on a signed **W-9** form. If the payee is a business or organization, please provide their business address and tax ID number on the W-9 form.
- C.** Check this box if the payee has been awarded a prize. These payments may be subject to federal and state taxation.
Check this box if the payee is to receive a refund of a prior payment. If the non-service personal payment is of another nature, check the "other" box and provide the description of the payment.

SECTION III

Indicate if the payment is to be picked up, sent through Campus Mail, or U.S. Mail. Any payment of \$1.00 or less will be made as petty cash.

Provide the name of the requesting department, today's date, and a campus telephone extension. Signature(s) of the individual(s) authorized to approve disbursements from the department(s) being charged must be provided. (These signatures should be on file in the Comptroller's Office.)

Send the original of this form, all original receipts and copies of other supporting documentation to the *Comptroller's Office, Accounts Payable.* Retain a copy of this form and any attachments. Forms that are not complete or are lacking adequate supporting documentation / receipts may cause a delay in processing the payment.