

Reimbursement/Advance/Payment Form

As a result of eReq and the Data Standardization projects, a new Reimbursement/Advance/Payment form has been created to replace a number of forms currently being used by State and Research Foundation for Personal/Petty Cash Reimbursements, RF Advances, and Payments to Individuals (other than reimbursements). The UB Foundation, while not replacing their Disbursement Request (DR) or requiring this form, will accept this form to process similar type payments. Please note that the form *cannot be used for Supplier Payments, Travel, Honoraria, RF Moving Expenses, Independent Contractor Payments or Non-resident Alien Scholarship/award payments*. The forms currently available for those transactions should still be used.

The form has four boxed areas located at the top of the form. The correct box(es) need to be checked for proper identification of your paperwork. A description of materials purchased, along with proper justification or the direct relationship to a research project, is *required*.

- ❖ Reimbursements are for employees using either State or Research Foundation funds. Original receipts must be attached and submitted with this form. The payee must sign the Payee Certification above the Authorized Signature.
 - STATE
 - When using State funds and the reimbursement is **under \$250.00**, the new form replaces the Petty Cash form previously used for transactions of this type. All policies and guidelines relating to petty cash remain the same. The completed form and original receipts are sent to Financial Services, 418 Crofts Hall, North Campus. For further information regarding state reimbursements under \$250.00, please access the ubbusiness website at <http://ubbusiness.buffalo.edu> and choose administrator/payments/reimbursement or employee/reimbursement from the drop down menus.
 - If **\$250.00 or greater**, the new form is used in place of the current State Requisition and standard State Voucher. The payee must provide home address. Send the completed form and original receipts to Procurement Services, 224 Crofts Hall, North Campus.
 - RF
 - When using **Research** funds, the new form replaces the RF Requisition and/or RF Petty Cash Voucher. The payee must provide home address OR campus address and sign Payee Certification above the Authorized Signature. The completed form and original receipts are sent to Sponsored Projects Services, 402 Crofts Hall, North Campus. For further information regarding RF reimbursements, please access this website: <http://www.business.buffalo.edu/ubbContent/Grants/pdh/5112.pdf>
- ❖ RF Advance box replaces advance requests previously made on a Research Foundation Requisition. Please see the RF Advance Payment Procedure for further guidelines. The payee must provide home address OR campus address and must sign the Payee Certification above the Authorized Signature. This policy is available on the web at: <http://www.business.buffalo.edu/ubbContent/Policies/fs/AdvancePaymentProcedure.pdf>.
- ❖ The UB Foundation, while not replacing their Disbursement Request (DR) or requiring this form, will accept this form to process similar type payments.
- ❖ The “P” box is checked for Payments using either State or Research funds designated as other than a reimbursement. It replaces the current State or RF Requisition. This box would be used for RF subject fees, State awards or scholarships. The payee must provide home address and must sign the Payee Certification above the Authorized Signature. *NOTE: The new form may not be used for Payments to Suppliers.*

In an attempt to maintain privacy, if the payee is a University employee, we request that the payee's Person Number rather than their Social Security Number is supplied. If the payee is not a University employee, it is necessary to supply the payee's Social Security number.

Reimbursement/Advance/Payment Form

Not valid for Supplier Payments, Travel, Honoraria, RF Moving Expenses, Independent Contractor or Non-Resident Alien Scholarship payments

<input type="checkbox"/> Reimbursement - Attach all <u>original</u> receipts and other applicable papers to this form. State <input type="checkbox"/> \$250 or under RF <input type="checkbox"/> Any amount <input type="checkbox"/> Over \$250	<input type="checkbox"/> RF Advance see advance payment procedure <input type="checkbox"/> UBF - for any of the above Request No. _____	<input type="checkbox"/> Payment (to an individual only) Other than reimbursement State <input type="checkbox"/> RF <input type="checkbox"/> (Need home address for 1099)
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Date: _____ **Acct #:** _____ **Total:** _____
(OEC Optional)

Check Payable To: _____
(Please include middle initial)

Home Address	Campus Address
Street: _____	Department: _____
City, State, Zip: _____	Building & Room: _____
Person #: _____ (If not a UB Employee please supply Social Security #)	City, State, Zip: _____

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to the Internal Revenue Service Code. The Social Security Number is required for the purpose of reporting income to the IRS (where applicable).

Required: Itemized Description of Material/Service with justification of purchase or direct relationship to projects Please note: Reimbursement of New York State Sales Tax is not allowed.	Amount

Total	

Questions regarding this transaction request can be directed to:

Contact Name: _____
 Department: _____
 Address: _____
(If other than above)
 Contact Phone #: _____ Ext: _____

Please send form to:
 * **RF** - Sponsored Projects Services, 402 Crofts Hall.
 * **State Reimbursement** - \$250 or under - Financial Services, 418 Crofts Hall.
 * **State Reimbursement** over \$250 & **State Payment** Procurement Services, 224 Crofts Hall.
 * **UBF** - Center for Tomorrow.

Payee Certification: I certify that the above is just, true and correct; that no part has been paid except as stated and a transaction will not be requested from another funding source.

Payee Signature (Not Required for Awards or Scholarships) **Phone #** _____

Authorized Signature **Phone #** _____

For Office Use Only		Acct #:
PC/V #: _____	Check #: _____	
Supplier #: _____	PO #: _____	
Invoice #: _____		
Approved by: _____	Date: _____	
OEC: _____		