

The following PDF form should be used for requesting reimbursements for a Single Invoice to a Single Payee. This form is GENERALLY used for person's or companies who are non-KSU employees.

A separate form should be submitted for each payment request.

If your expenditures are for Travel/Entertainment or you have multiple invoices for same Payee, please use form KSUF-6 Travel/Entertainment and Other Expenses.

This PDF form is a FILL-IN form that can be used either with Adobe Reader or with Adobe Professional. If you open the PDF form with Adobe Reader, you will be able to save the blank form for future use, fill-in requested data, print the form, and save the form with filled in data.

You can save the commonly used data (i.e. fund #, fund name, contact information) as a template in order to streamline the preparation of transmittal forms.

If you have access to Adobe Professional, you can customize the form for your college with a drop-down box listing the most used Fund numbers and Fund names. If you need help with this, please contact Christy Scott via e-mail at christys@found.ksu.edu.

FEATURES OF THE FORM:

- 1). Fill-in boxes will automatically change the 'font' size to fit the information that you type into the space available.
- 2). The Total amount field is a calculated field.
- 3). The Acct # field is provided for use by some colleges that maintain additional accounting information. This field is NOT required by the Foundation and only needs to be completed if required by the College's Business Officer.
- 4). The College Approval section is provided for use by some colleges that require additional approvals. This section is NOT required by the Foundation and only needs to be completed if required by the College's Business Officer.

INSTRUCTIONS:

- 1). A separate form must be completed for each PAYEE.
- 2). If you have multiple invoices for a single PAYEE, please use form KSUF-6 Travel/Entertainment or Other Expenses.
- 3). If you have travel and entertainment expenses, please use form KSUF-6 Travel/Entertainment or Other Expenses.
- 4). Original and itemized receipts are required as documentation for all disbursement requests.
- 5). If payee is a new vendor, please provide address and FEIN or SSN number as well as a completed W-9. If you are paying a recurring vendor, you do not need to provide this information, just check the appropriate box.
- 6). Requests to pay non-KSU individuals for awards, honorariums or services rendered **must** include the individuals' full name, address and Social Security number. Use IRS Form W-9 to gather this information.
- 7). Please provide an Invoice number or a Customer number. This information will print on the check stub and aid the vendor in properly applying the payment to your account.

DATE

PAYEE Information	PURPOSE/JUSTIFICATION OF EXPENSE
<p>WHO:</p> <p><input type="text"/></p> <p>Payee Name</p> <p><input type="text"/></p> <p>Payee Address</p> <p><input type="text"/></p> <p>FEIN# or SSN</p> <p><input type="text"/></p> <p><input type="checkbox"/> Vendor Info on File</p> <p><input type="checkbox"/> W-9 Attached</p> <p>Provide Invoice # or Cust #</p> <p><input type="text"/></p> <p>See Instructions for more information</p>	<p>WHAT/WHERE: Describe purchase, i.e. office supplies, event, equipment, rental, catering, etc.</p> <p><input type="text"/></p> <hr/> <p>WHEN: Provide Date purchase made or service to be rendered</p> <p><input type="text"/></p> <hr/> <p>WHY: Explain why the expenditure benefits KSU. For hospitality events provide list of attendees and their title in the space below or on an ATTACHMENT.</p> <p><input type="text"/></p>

ACCOUNT INFORMATION/ AMOUNT			
Accounting code (optional)	Fund # (req'd)	Fund Name (required)	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This amount should agree to attached Invoice-----TOTAL AMOUNT			<input type="text"/>

College Approval Section (to be used if College has additional approval procedures)--**NOT** required by the Foundation.

Requested by Name/Title Signature

Approved by Name/Title Signature

PAYMENT APPROVAL
<p>I certify to Kansas State University Foundation that these expenses are valid, for the benefit of Kansas State University, and in accordance with donor instructions as documented in the FUND's MOU or appropriate correspondence. I also certify that reimbursement for these expenses is not being requested from another source.</p>
<p style="text-align: center;">_____ Signature Date</p>
<p style="text-align: center;">_____ Name & Title</p>

CONTACT NAME
<p><input type="checkbox"/> Call for Pickup <input type="checkbox"/> Return Ck To:</p>
<p>Name: <input type="text"/></p>
<p>Dept: <input type="text"/></p>
<p>PH Number <input type="text"/></p>
<p>Address <input type="text"/></p>