

**Payment/Reimbursement Cover Form**

COECISFTC

Attach to:Invoices, receipts, etc.

Payee:

NetlD:

Address:

Amount:

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Amount:

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**Who, What, When,Whara, Why:**

Business/Research

ProJect

Purpose: Be specific.

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*I.e.: payment forspeaker, Dr.George Smith, MrT, who presented a colloquium atthe Theory Seminar* on *1/15/12. (flyer attached)*

If **meal-** 11st lndlvldual attendees or group name: staple attendance sheet for group meetings (If available) Please provide **attendees** full name and affiliation

NOTE: please provide Itemized meal receipts

Preparer:

NetlD:

Date:

*(Individual Submitting form)*

Print Form

11/17/11

Print this form and attach to credit card receipt/invoice/etc. and forward to your Department/Unit. Department/Unit will forward to FTC Representative, 484 Rhodes Hall.

**Department/Unit use** only

Account

Authorization: NetlD: Date:

*Please Check the box below that is appropriate for the action you are requesting and Include all necessary forms*

D Reimbursement (Non-travel) D Direct Payment (attach Invoice) D Petty Cash Replenishment

D **Speakerfees** {to include Honorariums)\* D Wire Transfer (attach Invoice) D Awards/Prizes

*\*(If visiting speaker, lecturer, etc., obtain W9 (US vendors)/WBBen (International); fax to 607-255-9786 and shred the original.)*

□D *Completed W9/WB-BEN has been faxed to FTC* Date:- - - - -

Requesting FTC to obtain W9/W8-BEN **{see** contact Information below)