



**Non-Employee Payment Form**

1. Payee Name: \_\_\_\_\_
2. Payee Address: \_\_\_\_\_  
\_\_\_\_\_
3. University assigned Vendor Number (VN): \_\_\_\_\_
4. Is Payee a US Citizen or Permanent Resident            Yes     No     If no,
5. Is the individual going to receive a fee for services associated with this visit?            Yes     No
6. Is this individual currently enrolled as a student at UGA?            Yes     No
7. Has the individual been employed by UGA within the last 24 months?            Yes     No
8. Business Purpose: \_\_\_\_\_  
\_\_\_\_\_

**Payment Categories** (please select all that apply)

<input type="checkbox"/> Payment for services rendered	\$	
(limited to \$2499.99 or less for physical services with	)	
Date(s) services performed _____		
Describe type of service performed _____		
<hr/>		
<input type="checkbox"/> Reimbursement of valid University expenses incurred		
Date(s) travel occurred _____		
_____ miles at _____ /mile (click here for _____ )	\$	
_____ days of full per diem _____ per diem rate (click for _____ )	\$	
First day of travel per diem rate	\$	
Last day of travel per diem rate	\$	
Other expenses (receipts required)	\$	
<input type="checkbox"/> Fellowship or Training Grant Stipend	\$	
<input type="checkbox"/> Research Participant Support	\$	
<input type="checkbox"/> Compensation (Incentives) to Research Subjects	\$	
<b>Grand Total</b>	<b>\$</b>	

Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_  
(not required if invoice attached)

Fellowship or Training Grant Stipend disbursements are requested in accordance with those programs. All Fellowship/ Stipend payments are potentially taxable; ultimately the taxability depends on individual taxpayer circumstances. Other services outlined above were purchased in accordance with provisions of the University's Finance and Administration Policies and Procedures. Additionally, for any reimbursement of travel expenses for non-employees, I certify these expenses are paid in accordance with the University's non-employee travel reimbursement policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approved for Payment