

Date: _____ Department Name: _____

Campus Address: _____ Zip Code: _____
(include 4 digit campus zip)

Contact Name: _____ Phone Number: _____

Contact E-mail: _____
(Check will be returned to the name and department above. Please include ZIP CODE)

PAYEE: Please make payment as directed below:

Check Payable to:

Name: _____

Permanent Home or Business Address: _____

City: _____ State: ____ Zip Code: _____ Federal ID or Social Security Number: _____

NOTE: Home address and Federal ID/Social Security Number are only required for non-employees or businesses when taxable.

AMOUNT: (All three amounts must be filled in except when requesting reimbursement to an individual. All original receipts, invoices or documentation must be attached.)

Net Amount: _____

Sales Tax: _____

Gross (Amount of Check): _____
(autosum) | (manually enter)

Foundation Use:

FOUNDATION ACCOUNT NUMBER (NOT A WBS NUMBER): _____

PURPOSE OF PAYMENT: *(If extra space is needed, attach extra page)*

Foundation Use:

The following three areas have been checked.

- 1) Authorized Signer
- 2) Purpose
- 3) Sufficient Funds

BY DATE

Supervisor Approval:

BY DATE

Signature/Personal Reimbursement Date

Supervisor Signature Date

I certify that:

- 1) The above expenditure is in agreement with the fund agreement for the foundation account number listed and that the substantiating documentation is attached.
- 2) I am aware of the fact that the University of Nebraska Foundation is not exempt from sales tax. Sales tax has been included where appropriate.
- 3) I have checked with the appropriate university personnel and the above payment cannot be paid through the university's payment system.

AUTHORIZED SIGNATURE/DATE