



Disbursement Request

See intranet website – <http://development1> for spending policy and instructions.

Reviewed by
Foundation:

Vendor and Department Information	
Payee Name & Remittance Address:	Department Name: Neuroscience Institute P.O Box: 5030
	Contact Person:
	Contact E-mail:
GSU Employee (yes/no):	Contact Telephone:
Social Security Number\EIN\TIN:	Date of Request:

REQUIRED FOR INDIVIDUALS - Residency Status for Tax Purposes: Is payee a US Citizen or Permanent Resident Alien (Green Card Holder)?

- YES** - If YES, submit the Request for Disbursement to the Foundation once completed and approved.
- NO** - If NO, complete the Foreign National Information Form and attach it to the Request for Disbursement form. Submit both to the Foundation for payment. Payment from GSU Foundation may be subject to withholding taxes under the IRS regulations concerning payment to foreign nationals.

IRS W-9 Certification – MUST BE COMPLETED BY PAYEE IF PAYEE IS NOT A CORPORATION\COMPANY

I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying GSU Foundation in full for those expenses. **Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) certify that the above statement regarding residency for tax purposes is true and accurate.**

Signature of Payee:

Date:

****INVOICE AND BUSINESS NATURE OF THE EXPENDITURE OR EVENT INFORMATION****
 IRS REQUIRES the following information for all expenses in order to document the business nature of the expense. Attach a copy of ALL relevant information including, but not limited to: registration forms, invitations, flyers, announcements, attendee lists, or other notifications.

REQUIRED- BUSINESS PURPOSE AND/OR DESCRIPTION:

Invoice #: _____ Invoice or Event Date & Event Location: _____

Total # of Attendees: _____ **List Attendee(s) Names and Business Relationships below – REQUIRED for all attendees if 12 or less attended – space provided for 6, please make attachment for more than 6.** For 13 OR MORE, provide a general description. EX. 13 GSU Faculty members, 13 Students, 13 Donors, 13 Recruiters, etc.

Attendee Name	Business Relationship	Attendee Name	Business Relationship
1.		4.	
2.		5.	
3.		6.	

Charge Detail				
Ledger	Account Code	Project ID	Project Name	Amount
01				
01				
01				
TOTAL AMOUNT DISBURSED:				

I certify I have completed the appropriate due diligence in acquiring the correct Taxpayer ID for the payee listed above.
Certification: *I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a possible fine or by imprisonment, that the statements are true and that the described item(s) is/are for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by Georgia State University and that payment has not been requested and/or paid by any other source.*

REQUIRED: Signature of Requestor:

Date:

By my signature below, I certify that the above disbursement request is consistent with any applicable restrictions imposed on the funds and with the policies of the Georgia State University Foundation, Inc. I further certify that any required reports of the use of the funds have been provided.

Signature\Approval of Chairman\Director

Date:

REQUIRED: Signature\Approval of Dean\Vice President

Date:

Original receipts and/or invoices must be attached for reimbursement. No reimbursement will be made for expenses supported by photocopies, estimates or approximations. Incomplete and unapproved requests will be returned and a delay in payment will occur.