

# PAYMENT REQUEST FORM

VENDOR	
Name	Mickey Edward Mouse
Address	123 Main Street
	Disneyville, Sydney, NSW 2155
Vendor# (Spectrum Plus)	

Voucher #	
Today's Date	08/16/2023 mm/dd/yyyy

NOTES
*Enter Voucher into Spectrum Plus 8.9
*Ensure Approval through Workflow
*Check Hold Policy Must be Followed and Requested in Advance of the Form Submission
*Deliver Payment Request with Attachments:
Office of Disbursements 400-A Sparks Hall, P.O. Box 4030 Atlanta, GA 30302-4030

CITIZENSHIP	
Is the payee (Vendor) a U.S. Citizen or Permanent Resident Alien (Green Card Holder)?	
Yes or NO	(Click to Select Yes or No)
Is the entity foreign based or an agent for a foreign national?	
Yes or NO	(Click to Select Yes or No)

Is the vendor/payee an employee of Georgia State University?  No (Click to select Yes or No)

Is the vendor/payee a student of Georgia State University?  No (Click to select Yes or No)

Is the vendor/payee an employee of a University System of Georgia Institution?  No (Click to select Yes or No)

PURPOSE/REASON FOR PAYMENT/DESCRIPTION OF SERVICES
Travel to the CHARA Array for NOAO NOIRLAB observing program.

INVOICE NUMBER	
GROSS PAYMENT AMOUNT	\$785.00

### PAYMENT DISTRIBUTION

↓ %-	Gross Payment-Calculated from %
0%	\$0.00
0%	\$0.00
0%	\$0.00
0%	\$0.00
0%	\$0.00
0%	\$0.00
0%	\$0.00

↓ \$	SPEEDCHART	ACCOUNT CODE	DESCRIPTION
\$785.00	SP00015020	752100	Travel Expenses
\$785.00			

**\$785.00** GRAND TOTAL (must equal gross payment)

Initiator Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

By signing, I am stating that to my knowledge the information presented on this Payment Request and the attached documentation is true and factual.

Payee/Individual (Vendor) Signature *Mickey E. Mouse* Printed Name Mickey E. Mouse Date 08/16/2023

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 the University in full for those expenses. Additionally, I certify that any information I provide to the University pertaining to payment for my services is accurate and complete and I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding. The gross amount is accepted as payment in full.

Auth. Approver for Budget Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

By signing the voucher, the individual is certifying that he/she is authorized on the ChartField combination(s) that the charges are appropriate to the ChartField combination(s) being charged and the charges are legitimate expenses within the University guidelines.