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Form F-4 Revised 6/2014

UNIVERSITY of ROCHESTER - Request For Payment -

Do Not Use This Form Where Payroll Or Purchase Order Is Required, Or For Reoccurring Payments To Individuals, Or For Any Payment To Physicians For Services. See Independent Contractor Process on Corporate Purchasing Website Under "How To Purchase" For Payments To Individuals and Physicians For Services.

Payee Information

Payee type: Non-employee, Non-student Student Employee

Payee: _____ Invoice/Expense Date: _____

Payee _____

Address: _____

If this payment is for services, is the Payee a US Citizen or Permanent Resident?

Yes If Yes, has W9 previously been sent to AP Yes: No, W9 is attached:

No --> Provide payee's email address to AP Nonresident Alien Tax Administrator

Invoice Number or Remit Description: _____
(20 Characters Maximum)

Transaction Detail

Company		Spend Category		FAO		Total Amount of Check: \$	
CM	____	SC	____	____	____	\$	-
CM	____	SC	____	____	____	\$	-
CM	____	SC	____	____	____	\$	-
CM	____	SC	____	____	____	\$	-

Forwarding Information

This check should be (select one):

Mailed directly to payee at the address above Enclosure to be sent with payment

Mailed to the following, blue envelope attached for (print name): _____

Picked up, blue envelope is attached. Intramural address: _____

Please call (Name): _____ phone #: _____

Certification

Does the vendor have access to Protected Health Information? (Y/N) If yes, has a Business Associate Agreement been obtained? (Y/N)

Business Purpose: _____

Each signer certifies, to the best of their knowledge, that (a) the above expenditure is a valid University business expense, allowable to the accounts charged, fair, reasonable, and in the best interests of the University, (b) no conflict of interest exist per the University's policies with respect to this expenditure, and (c), if the University spends more than \$25,000 pursuant to this RFP or otherwise a written contract for the aggregate of the expenditures exist, and (d) the citizenship/residency question was discussed with Payee, if applicable.

Requestor (print) Requestor Title Phone Requestor Signature Date

Approver (print) Approver Title Phone Approver Signature Date

Department: _____ Box: _____ Reviewed By (Finance Office): _____

Form F-4 Request For Payment Instructions

Required fields are noted in **bold** typeface

Payee Information

Payee	The payee is the name of the person or company (also known as the vendor) that you want to be paid. Professional designations for people, such as MD, PhD or Dr, are not written on checks.
Payee address	The payee's address is always required. The information in this field should be the "remit to" address provided by the payee/vendor. For taxable payments, the payee's address must match the address on their W9. For federal and state reporting requirements the address must be their permanent home address.
Date Submitted	For date submitted, you should enter the date you bring the completed RFP to Accounts Payable or the date you put it into the mail to Accounts Payable. (mm/dd/yy)
Payment for services	Please see the policies on the Finance web site for guidelines on submitting Form W9 with your form when the payment is for services performed (including research subject payments and prizes/awards).
Citizenship/Residency	For proper IRS reporting, you must indicate whether the payee, or the beneficiary of the payment, is a US Citizen or a Permanent Resident. If Yes, mark the box and indicate whether a W9 has been previously sent to AP or not (if not, attach form W9 to the RFP). If No, regardless of whether services were provided or not, mark the box and send the payee's email address to the AP Nonresident Alien Tax Administrator.
Protected Health Information	You must indicate whether or not the vendor/payee listed has access to Protected Health Information as defined by HIPAA. (Y or N)
Business Associate Agreement	If the vendor/payee does have access to PHI, then you must indicate whether or not a Business Associate Agreement has been obtained. (Y or N)
Payee type	This form cannot be used for any compensation to University or student employees. You must select the type of payee we are paying: Select "Non-employee, Non-student" if the payee is not employed at the University and is not a student at the university. Select "Employee" if the payee is an employee of the University of Rochester or one of its affiliates/subsidiaries. Select "Student" if the payee is a University of Rochester student.
Code	This field is for Finance use only
Enclosure(s) to be sent with payment	Mark this box if enclosures must be sent with payment to the payee. Enclosures may be copies of registration forms, invoice payment stubs, or other paperwork that will help the payee determine how to apply the payment. Please include the original and a copy of everything to be enclosed with the payment.

Transaction Detail

Total Amount of Check If you are not entering data into this worksheet electronically, enter the total check amount.
If you are entering data into this worksheet electronically, you do not need to enter anything, completing the next section will automatically total the check amount for you.

Account Number Distribution You must enter each valid active FRS ledger account number that you want charged and the amount to charge each account number. The total of the account number distributions must equal the total amount of the check. If you cannot fit all your distributions on the form, contact AP at 275-3483 for further guidance.
Your request will not be processed without complete 10-digit account numbers. Please be sure that you have supplied us with valid active account numbers since frozen or deleted account will reject and delay payment to the payee.

Remit Description The description to be written on the check is limited to 15 spaces.
Normally the account number the payee has assigned to us is used in the description since this is the best way for the payee to determine where to apply the payment when they receive it. Another good choice to use in the description field is the invoice number on the invoice from the payee/vendor. If neither of these exist, use a description that the payee will understand and be able to figure out what we are paying them for.

Business Purpose In this field you need to explain how the payment is in support of University business. Sometimes the situation is straightforward and a description of what is being paid for is sufficient. For example, if the request is to pay for a conference registration then the business purpose should say the topic of the conference and what employee is attending. Otherwise, you need to provide a more detailed explanation of how the items or services are used in the course of performing University business.

Forwarding Information

Forwarding instructions You must choose what you want done with the check. Please note that the first choice "Mailed directly to the payee" is the preferred method and is standard procedure.

Select "Mailed directly to the payee at the address above" in order to follow standard procedures.
Select "Mailed to the following" if you must have the check returned to you. Be sure to fill in the name and intramural address of the person the check needs to be mailed to. Also, a blue envelope with the name and address printed on the front should be attached to the RFP and documentation.
Select "Picked up, blue envelope is attached. Please call" if you want to be contacted to pick up the check when it is ready. Be sure to indicate the name and phone number of the person to contact for check pick up. This information should also be written on the blue envelope submitted with your RFP and documentation. In addition, a complete Accounts Payable Request Form - Special Handling section should be submitted on top of the RFP.

Certification

Requested by **Employees should only sign the form if they agree to the certification statement.**
Print the name of person requesting the payment be made.

Title Print the title of the Requestor.
Phone Number Phone number of the Requestor (xxx-xxxx).
Department Department for which the request is being completed.
Intramural address (box #) Intramural address (box number) of the Requestor
Requestor's Signature Signature of the Requestor. Signatures must be original, photocopied/faxed signatures are not acceptable.
Date Date of the Requestor's signature. (mm/dd/yy)

Approved by Print the name of the Approver. The Approver must be the "next-level"/supervisor to the Requestor if payment is to vendors. The Approver must be the "next-level"/supervisor to the payee if the payment is to reimburse an employee for business expenses. In all situations, the "next-level"/supervisor is an individual authorized/responsible for the general ledger account to which the payment is being charged.

Title Print the title of the Approver.
Approval Signature Signature of the Approver. Signatures must be original, photocopied/faxed signatures are not acceptable.
Date Date of the Approver's signature. (mm/dd/yy)
Phone Number Phone number of the Approver (xxx-xxxx).

Reviewed by This field is for Finance use only