



The University of Georgia

Accounts Payable

Non-Employee Payment Form

[Click here for guidance on paying an individual](#)

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, [click here for requirements](#)

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 [Why ask this?](#)

7. Has the individual been employed by UGA within the last 24 months? Yes No [Why ask this?](#)

8. Business Purpose: _____

Payment Categories (please select all that apply)

Payment for services rendered \$ _____
(limited to \$2499.99 or less for physical services with [some exceptions](#))

Date(s) services performed _____

Describe type of service performed _____

Reimbursement of valid University expenses incurred

Date(s) travel occurred _____

_____ miles at _____ /mile (click here for [current mileage rates](#)) \$ _____

_____ days of full per diem _____ per diem rate (click for [per diem rates](#)) \$ _____

First day of travel per diem rate \$ _____

Last day of travel per diem rate \$ _____

Other expenses (receipts required) \$ _____

Fellowship \$ _____

Grand Total \$ _____

Signature of Payee _____ Date _____
(not required if invoice attached)

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