The University of Georgia
Accounts Payable
Non-Employee Payment Form

1. Payee Name: ____________________________

2. Payee Address: ____________________________

3. University assigned Vendor Number (VN): ____________________________

4. Is Payee a US Citizen or Permanent Resident [ ] Yes [ ] 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