

The following PDF form should be used for requesting reimbursements for a Single Invoice to a Single Payee. This form is GENERALLY used for person's or companies who are non-KSU employees.

A separate form should be submitted for each payment request.

If your expenditures are for Travel/Entertainment or you have multiple invoices for same Payee, please use form KSUF-6 Travel/Entertainment and Other Expenses.

This PDF form is a FILL-IN form that can be used either with Adobe Reader or with Adobe Professional. If you open the PDF form with Adobe Reader, you will be able to save the blank form for future use, fill-in requested data, print the form, and save the form with filled in data.

You can save the commonly used data (i.e. fund #, fund name, contact information) as a template in order to streamline the preparation of transmittal forms.

If you have access to Adobe Professional, you can customize the form for your college with a drop-down box listing the most used Fund numbers and Fund names. If you need help with this, please contact Brenna Hall via e-mail at brennah@ksufoundation.org.

FEATURES OF THE FORM:

- 1). Fill-in boxes will automatically change the 'font' size to fit the information that you type into the space available.
- 2). The Total amount field is a calculated field.
- 3). The Acct # field is provided for use by some colleges that maintain additional accounting information. This field is NOT required by the Foundation and only needs to be completed if required by the College's Business Officer.
- 4). The College Approval section is provided for use by some colleges that require additional approvals. This section is NOT required by the Foundation and only needs to be completed if required by the College's Business Officer.

INSTRUCTIONS

- 1). A separate form must be completed for each PAYEE.
- 2). If you have multiple invoices for a single PAYEE, please use form KSUF-6 Travel/Entertainment or Other Expenses.
- 3). If you have travel and entertainment expenses, please use form KSUF-6 Travel/Entertainment or Other Expenses.
- 4). Itemized receipts are required as documentation for all disbursement requests.
- 5). If payee is a new vendor, please provide address as well as a completed W-9. If you are paying a recurring vendor, you do not need to provide this information, just check the appropriate box.
- 6). Requests to pay non-KSU individuals for award, honorariums or services rendered **must** include the individual's full name and address. Use IRS form W-9 to gather this information.
- 7). Please provide an Invoice number or Customer number. This information will print on the check stub and aid the vendor in properly applying the payment to your account.

**KANSAS STATE UNIVERSITY
FOUNDATION**

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DATE

PAYEE Information	PURPOSE/JUSTIFICATION OF EXPENSE
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> WHO: Payee Name </div> <div style="margin-bottom: 5px;">Payee Title</div> <div style="margin-bottom: 5px;">Payee Address</div> <div style="margin-top: 10px;"> <input type="checkbox"/> Vendor Info on File <input type="checkbox"/> W-9 Attached Provide Invoice # or Cust # </div> <div style="font-size: small; margin-top: 5px;">See Instructions for more information</div>	<p>WHAT/WHERE: Describe purchase, i.e. office supplies, event, equipment, rental, catering, etc.</p> <hr/> <p>WHEN: Provide Date purchase made or service to be rendered</p> <hr/> <p>WHY: Explain why the expenditure benefits KSU. For hospitality events provide list of attendees and their title in the space below or on an ATTACHMENT.</p>

ACCOUNT INFORMATION/ AMOUNT			
Accounting code (optional)	Fund # (req'd)	Fund Name (required)	Amount
This amount should agree to attached Invoice-----TOTAL AMOUNT			

College Approval Section (to be used if College has additional approval procedures)--**NOT** required by the Foundation.

Requested by Name/Title _____	Signature _____
Approved by Name/Title _____	Signature _____

PAYMENT APPROVAL

I certify to Kansas State University Foundation that these expenses are valid, for the benefit of Kansas State University, and in accordance with donor instructions as documented in the FUND's MOU or appropriate correspondence. I also certify that reimbursement for these expenses is not being requested from another source.

Signature

Date

Name & Title

CONTACT NAME

Call for Pickup Return Ck To:

Name:
Dept:
PH Number
Address