

Accounts Payable Non-Employee Payment Form

1. Payee Name:	
2. Payee Address:	
University assigned Vendor Number (VN):	
4. Is Payee a US Citizen or Permanent Resident Yes No If no,	
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	
7. Has the individual been employed by UGA within the last 24 months?	No
8. Business Purpose:	
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Payment Categories (please select all that apply)	
— Payment for services rendered (limited to \$2499.99 or less for physical services with	\$
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)	\$
days of full per diem per diem rate (click for) \$
First day of travel per diem rate	\$
Last day of travel per diem rate	\$
Other expenses (receipts required)	\$
Fellowship	\$
Grand Total	\$
Signature of Payee (not required if invoice attached)	Date
(not required it invoice attached)	
Services outlined above were purchased in accordance with provisions of the Universities and Procedures. Additionally, for any reimbursement of travel expenses for nexpenses are paid in accordance with the University's non-employee travel reimburses.	on-employees, I certify these
Signature	Date
Approved for Payment	