

UNIVERSITY SYSTEM OF MARYLAND FOUNDATION, INC.
3300 Metzert Road, Adelphi, MD 20783

DISBURSEMENT REQUEST FORM

Campus Account: (UMCP only)

Date:

USMF Project #: Project Name:

Make Check payable to:

Please Complete W-9 for new payees - do not write SSN or EIN on this form

Address:

(Complete and circle which applies)

Is Individual a USM State Employee?

Yes No

Is Individual a UMF Employee?

Yes No

U.S. Citizen Permanent Resident Alien - Expiration Date: (if applicable) NOT a U.S. Citizen

NO PAYMENT WILL BE MADE IF CITIZENSHIP STATUS INFORMATION IS NOT PROVIDED

Visit our website for information www.usmf.org on Foreign Nationals or contact USMF for further information

FOR INTERNAL USE ONLY:

Table with columns: EXPENSE CODE, \$ AMOUNT, EXPENSE CODE, \$ AMOUNT. Includes a TOTAL row.

- A
B
C
D
E
F
G

(Reminder: Expenditure MUST be related to account purpose)

Business purpose(s) for which the check is being requested:

Mail enclosed attachments with check

(Additional handling instructions)

CHECK REQUEST FOR THE CURRENT WEEK WILL NOT BE ACCEPTED AFTER 1:30 P.M. THURSDAY

- Attach original documentation, (i.e., time sheets, invoices, register receipts, charge slips, letters
All university employees must submit an APPROVED OUT-OF-STATE TRAVEL REQUEST FORM to receive reimbursement or advances for out-of-state travel.
A W-9 tax form is required for payments made to U.S. citizens, permanent resident alien and organizations for services performed.
A W-8BEN tax form is required for payment made to non-resident aliens
Supervisor Approval is required for Travel or Entertainment Reimbursement
POLITICAL CONTRIBUTIONS ARE PROHIBITED; ANY SUCH REQUEST WILL BE DENIED!

Requested by: Print or Type Name

Approved by: Print or Type Name

Title:

Title:

Signature:

Signature:

Phone:

Phone:

E-Mail:

E-Mail:

Signatures above certify the propriety of the expenditure and that funds are being used in accordance with account agreement, memorandum of understanding, or grant agreement.