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Form F-4 Revised 12/2016

# UNIVERSITY of ROCHESTER

- Request For Payment -

Do Not Use This Form Where Payroll Or Purchase Order Is Required, Or For Reoccurring Payments To Individuals, Or For Any Payment To Physicians For Services. See Independent Contractor Process on Corporate Purchasing Website Under "How To Purchase" For Payments To Individuals and Physicians For Services.

**Payee Information**

Payee type:  Non-employee, Non-student  Student  Employee

Payee: \_\_\_\_\_ Invoice/Expense Date: \_\_\_\_\_

Payee  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this payment is for services, is the Payee a US Citizen or Permanent Resident?

Yes  If Yes, has W9 previously been sent to AP -> Yes:  No, W9 is attached:   
No  --> Provide payee's email address to AP Nonresident Alien Tax Administrator

Invoice Number or Remit Description:   
(20 Characters Maximum)

**Transaction Detail**

| Company |                      | Spend Category |                      | FAO                  |                      | Total Amount of Check: \$ |   |
|---------|----------------------|----------------|----------------------|----------------------|----------------------|---------------------------|---|
| CM      | <input type="text"/> | SC             | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$                        | - |
| CM      | <input type="text"/> | SC             | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$                        | - |
| CM      | <input type="text"/> | SC             | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$                        | - |
| CM      | <input type="text"/> | SC             | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$                        | - |

**Forwarding Information**

This check should be (select one):

Mailed directly to payee at the address above  Enclosure to be sent with payment  
 Mailed to the following, blue envelope attached for (print name): \_\_\_\_\_  
 Picked up, blue envelope is attached. Intramural address: \_\_\_\_\_  
Please call (Name): \_\_\_\_\_ phone #: \_\_\_\_\_

**Certification**

Does the vendor have access to Protected Health Information?  (Y/N) If yes, has a Business Associate Agreement been obtained?  (Y/N)

Business Purpose:

Each signer certifies, to the best of their knowledge, that (a) the above expenditure is a valid University business expense, allowable to the accounts charged, fair, reasonable, and in the best interests of the University, (b) no conflict of interest exist per the University's policies with respect to this expenditure, and (c), if the University spends more than \$25,000 pursuant to this RFP or otherwise a written contract for the aggregate of the expenditures exist, (d) the citizenship/residency question was discussed with Payee and (e) the signers of this request for payment have verified the electronic funds transfer instructions with payee, if applicable.

Requestor (print) Requestor Title Phone Requestor Signature Date

Approver (print) Approver Title Phone Approver Signature Date

Department: \_\_\_\_\_ Box: \_\_\_\_\_ Reviewed By (Finance Office): \_\_\_\_\_

## Form F-4 Request For Payment Instructions

Required fields are noted in **bold** typeface

### Payee Information

|                              |  |
|------------------------------|--|
| <b>Payee type</b>            | This form cannot be used for any compensation to University or student employees.<br>You must select the type of payee we are paying:<br>Select "Non-employee, Non-student" if the payee is not employed at the University and is not a student at the university.<br>Select "Employee" if the payee is an employee of the University of Rochester or one of its affiliates/subsidiaries.<br>Select "Student" if the payee is a University of Rochester student. |
| <b>Payee</b>                 | The payee is the name of the person or company (also known as the vendor) that you want to be paid.<br>Professional designations for people, such as MD, PhD or Dr, may not be sent via EFT.   |
| <b>Payee address</b>         | The payee's address is always required.<br>The information in this field should be the "remit to" address provided by the payee/vendor.<br>For taxable payments, the payee's address must match the address on their W9. For federal and state reporting requirements the address must be their permanent home address.  |
| <b>Invoice/Expense Date</b>  | Enter the date of the invoice used as supporting documentation. If there is no invoice, enter the date the expense was incurred. (mm/dd/yy)  |
| <b>Due Date</b>              | Enter the due date of the invoice. If there is no due date, Cash Management will make payment upon receipt. (mm/dd/yy)   |
| <b>Payment for services</b>  | Please see the policies on the Finance web site for guidelines on submitting Form W9 with your form when the payment is for services performed (including research subject payments and prizes/awards).  |
| <b>Citizenship/Residency</b> | For proper IRS reporting, you must indicate whether the payee, or the beneficiary of the payment, is a US Citizen or a Permanent Resident.<br>If Yes, mark the box and indicate whether a W9 has been previously sent to A/P or not (if not, attach form W9 to the RFP).<br>If No, regardless of whether services were provided or not, mark the box and send the payee's email address to the AP Nonresident Alien Tax Administrator.                           |

### Transaction Details

|                            |  |
|----------------------------|--|
| <b>Currency</b>            | Please enter the type of currency you would like the payment made in. For example, use "USD" for United States Dollar or "CAD" for Canadian Dollar.  |
| <b>Total Amount of EFT</b> | If you are not entering data into this worksheet electronically, enter the total amount.<br>If you are entering data into this worksheet electronically, you do not need to enter anything, completing the next section will automatically total the check amount for you. |

**Company / Spend Category / FAO** Enter the UR Financials Company, Spend Category and FAO to be charged. The total of the URF distributions must equal the total amount of the EFT. If you cannot fit all your distributions on the form, attach a spreadsheet with the distribution listed and write "see attached on the form." Please be sure that you have supplied us with valid, active account information otherwise payment to the payee will be delayed.

**EFT Reference** Enter the invoice number from the invoice used as supporting documentation. Otherwise, the account number the payee has assigned to us is used in the description since this is the best way for the payee to determine where to apply the payment when they receive it. If neither of these exist, use a description that the payee will understand and be able to figure out what we are paying them for. Please limit your entry in this field to 20 characters maximum.

### Bank Details

**Bank Name** Please enter the name of the Payee's bank.

**Bank Address** Please enter the address of the Payee's bank.

**ABA** Please enter the ABA of the US bank, if the payee has provided instructions from the US. If you would like funds sent outside the US, you would need a SWIFT Code or CHIPS number.

**A/C** Please enter the Account Number of the US bank, if the payee has provided instructions from the US. If you would like funds sent outside the US, you would be looking to provide an IBAN (International Bank Account Number) instead.

**IBAN** This stands for International Bank Account Number and should only be filled out if the payee has provided banking instructions from outside the US.

**SWIFT/CHIPS** Please enter the SWIFT Code or CHIPS number, if the payee has provided instructions from outside the US.

**Intermediary Bank** Please enter any of the ABA, A/C, IBAN or SWIFT/CHIPS if you are aware of an Intermediary Bank. Most of the time, this will be blank.

**Other** If there is "for further credit" or "FFC" information, such as an account number, please enter it here.

### Certification

**Protected Health Information** You must indicate whether or not the vendor/payee listed has access to Protected Health Information as defined by HIPAA. (Y or N)

**Business Associate Agreement** If the vendor/payee does have access to PHI, then you must indicate whether or not a Business Associate Agreement has been obtained. (Y or N)

**Business Purpose** In this field you need to explain how the payment is in support of University business. Sometimes the situation is straightforward and a description of what is being paid for is sufficient. For example, if the request is to pay for a conference registration then the business purpose should say the topic of the conference and what employee is attending. Otherwise, you need to provide a more detailed explanation of how the items or services are used in the course of performing University business.

**Employees should only sign the form if they agree to the certification statement.**

**Requested by** Print the name of person requesting the payment be made.  
**Title** Print the title of the Requestor.  
**Phone Number** Phone number of the Requestor (xxx-xxxx).  
**Department** Department for which the request is being completed.  
**Intramural address (box #)** Intramural address (box number) of the Requestor  
**Requestor's Signature** Signature of the Requestor. Signatures must be original, photocopied/faxed signatures are not acceptable.  
**Date** Date of the Requestor's signature. (mm/dd/yy)

**Approved by** Print the name of the Approver. The Approver must be the "next-level"/supervisor to the Requestor if payment is to vendors. The Approver must be the "next-level"/supervisor to the payee if the payment is to reimburse an employee for business expenses. In all situations, the "next-level"/supervisor is an individual authorized/responsible for the general ledger account to which the payment is being charged.

**Title** Print the title of the Approver.  
**Approval Signature** Signature of the Approver. Signatures must be original, photocopied/faxed signatures are not acceptable.  
**Date** Date of the Approver's signature. (mm/dd/yy)  
**Phone Number** Phone number of the Approver (xxx-xxxx).

**Reviewed by** This field is for Finance use only