

# UNIVERSITY of ROCHESTER

## - Request for Electronic Funds Transfer -

A fee of \$30 will be charged for transactions less than \$2,000 USD.

**Payee Information**

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

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

**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

**Transaction Detail**

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

EFT Reference:

**Forwarding Information**

**EFT to be sent to:**

Bank Name: \_\_\_\_\_  
 ABA: \_\_\_\_\_ Intermediary Bank: \_\_\_\_\_  
 A/C: \_\_\_\_\_ ABA/SWIFT: \_\_\_\_\_  
 IBAN: \_\_\_\_\_ Reference: \_\_\_\_\_  
 SWIFT/CHIPS: \_\_\_\_\_

**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, and (d) the citizenship/residency question was*

Requestor (print)	Requestor Title	Phone	Requestor Signature	Date
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Approver (print)	Approver Title	Phone	Approver Signature	Date
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**Treasury Dept.**

Call Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
 Value Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

# Form F-4 Request For Payment Instructions

Required fields are noted in **bold** typeface

## Payee Information

**Payee type** This form cannot be used for any compensation to University or student employees. You must select the type of payee we are paying:  
Select "Non-employee, Non-student" if the payee is not employed at the University and is not a student at the university.  
Select "Employee" if the payee is an employee of the University of Rochester or one of its affiliates/subsidiaries.  
Select "Student" if the payee is a University of Rochester student.

**Payee** The payee is the name of the person or company (also known as the vendor) that you want to be paid.  
Professional designations for people, such as MD, PhD or Dr, are not written on checks.

**Payee address** The payee's address is always required.  
The information in this field should be the "remit to" address provided by the payee/vendor.  
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.

**Invoice/Expense Date** 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)

Payment for services 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).

**Citizenship/Residency** For proper IRS reporting, you must indicate whether the payee, or the beneficiary of the payment, is a US Citizen or a Permanent Resident.  
If Yes, mark the box and indicate whether a W9 has been previously sent to AP or not (if not, attach form W9 to the RFP).  
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.

**Invoice Number or Remit Description** 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.

## Transaction Detail

**Total Amount of Check** If you are not entering data into this worksheet electronically, enter the total check amount.  
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 account number distributions must equal the total amount of the check. 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 numbers otherwise payment to the payee will be delayed.

**Forwarding Information**

**Forwarding instructions** You must choose what you want done with the check. Please note that the first choice "Mailed directly to the payee" is the preferred method and is standard procedure.

Select "Mailed directly to the payee at the address above" in order to follow standard procedures.  
 Select "Mailed to the following" if you must have the check returned to you. Be sure to fill in the name and intramural address of the person the check needs to be mailed to. Also, a blue envelope with the name and address printed on the front should be attached to the RFP and documentation.  
 Select "Picked up, blue envelope is attached. Please call" if you want to be contacted to pick up the check when it is ready. Be sure to indicate the name and phone number of the person to contact for check pick up. This information should also be written on the blue envelope submitted with your RFP and documentation. In addition, a complete Accounts Payable Request Form - Special Handling section should be submitted on top of the RFP.

**Enclosure(s) to be sent with payment** Mark this box if enclosures must be sent with payment to the payee. Enclosures may be copies of registration forms, invoice payment stubs, or other paperwork that will help the payee determine how to apply the payment. Please include the original and a copy of everything to be enclosed with the payment.

**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 Title** Print the name of person requesting the payment be made.  
 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