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 Christy Scott via e-mail at christys@found.ksu.edu.

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). Original and itemized receipts are required as documentation for all disbursement requests.
- 5). If payee is a new vendor, please provide address and FEIN or SSN number 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 awards, honorariums or services rendered **must** include the individuals' full name, address and Social Security number. Use IRS Form W-9 to gather this information.
- 7). Please provide an Invoice number or a Customer number. This information will print on the check stub and aid the vendor in properly applying the payment to your account.

DATE

PAYEE Information	PURPOSE/JUSTIFICATION OF EXPENSE			
WHO:	WHAT/WHERE: Describe purchase, i.e. office supplies, event, equipment, rental,			
Payee Name	catering, etc.			
Payee Address				
	WHEN: Provide Date purchase made or	service to b	e rende	red
FEIN# or SSN				
	WHY: Explain why the expenditure ben		-	-
Vendor Info on File	list of attendees and their title in the spa	ace below o	or on an	ATTACHMENT.
W-9 Attached				
Provide Invoice # or Cust #				
See Instructions for more information				
	ACCOUNT INFOR	MATION/		NT
Accounting code (optional) Fund # (req'd) Fund Name (
	This amount should agree to attached Invoice	IOIAL /	AMOUNI	
			r	
	ion (to be used if College has additional approval pro		required	by the Foundation.
Requested by Name/Title		Signature		
Approved by Name/Title		Signature		
PAYMENT APPROVAL				CONTACT NAME
Kansas State University, and in	ity Foundation that these expenses are valid, for the l accordance with donor instructions as documented in dence. I also certify that reimbursement for these exp source.	n the FUND's	Call fo	or Pickup 🦳 Return Ck To:
	Signature	Date	Dept:	
	Signature	Date	PH Numbe	er
			Address	

Name & Title

Kansas State University Foundation (REV 12/2010)