



Disbursement Request

Reviewed by
Foundation:

Mail Check

Hold Checks for Pick Up at Foundation

Vendor and Department Information

Payee Name & Remittance Address:	Department Name: College of Law
	Contact Person: Paulester F. Jefferson
	Contact E-mail: pjefferson@gsu.edu
GSU Employee (yes/no): No	Contact Telephone: 404-651-4296
Social Security Number/EIN/TIN:	Date of Request: 5/12/2004

Residency Status for Tax Purposes:

Is payee a US Citizen or Permanent Resident Alien (Green Card Holder)? Yes No

- If yes, check "yes" above and submit the Request for Disbursement to the Foundation once completed and approved.
- If no, complete the Foreign National Information Form and attach it to the Request for Disbursement form. Submit both to the Foundation for payment. Payment from GSU Foundation may be subject to withholding taxes under the IRS regulations concerning payment to foreign nationals.

IRS W-9 Certification - MUST BE COMPLETED BY PAYEE IF PAYEE IS NOT A CORPORATION/COMPANY

I certify that I have not received reimbursement from another source(s) for any expenses/services claimed. In the event payment is received from another source(s) for any portion of the expenses/services claimed, I assume responsibility for repaying GSU Foundation in full for those expenses.

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) certify that the above statement regarding residency for tax purposes is a true and accurate.

Signature of Payee:

Date:

Invoice Information

Invoice Number:	Invoice Date:
Due Date:	Amount:
Description (60 characters):	

Business Nature of Expenditure/Event Information (attach agenda, invitation, etc.)

Business Purpose:	
Number/List of Attendees:	Relationship of Attendees:
Date of Event:	Location of Event:

Charge Detail

Ledger	Account Code	Project ID	Project Name	Amount
01	510200	02B54	Symposium Endowment	
01				
01				

Special Handling/Other Comments:

I certify I have completed the appropriate due diligence in acquiring the correct Taxpayer ID for the payee listed above.

Signature of Requestor:

Date:

Signature/Approval of Chairman/Director:

Date:

Signature/Approval of Dean/Vice President:

Date:

Original receipts and/or invoices must be attached for reimbursement. No reimbursement will be made for expenses supported by photocopies, estimates or approximations. Incomplete and unapproved requests will be returned and a delay in payment will occur.

Submit to GSU Foundation: 1 Park Place South, Suite 533 (404) 651-2513
MSC 5A0520, 33 Gilmer Street SE Unit 5, Atlanta, GA 30303