



# The University of Georgia

## Accounts Payable

### Non-Employee Payment Form

[Click here for guidance on paying an individual](#)

1. Payee Name: \_\_\_\_\_

2. Payee Address: \_\_\_\_\_  
\_\_\_\_\_

3. University assigned Vendor Number (VN): \_\_\_\_\_

4. Is Payee a US Citizen or Permanent Resident  Yes  No If no, [click here for requirements](#)

5. Is the individual going to receive a fee for services associated with this visit?  Yes  No

6. Is this individual currently enrolled as a student at UGA?  Yes  No [Why ask this?](#)

7. Has the individual been employed by UGA within the last 24 months?  Yes  No [Why ask this?](#)

8. Business Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Payment Categories (please select all that apply)

Payment for services rendered \$ \_\_\_\_\_  
(limited to \$2499.99 or less for physical services with [some exceptions](#) )

Date(s) services performed \_\_\_\_\_

Describe type of service performed \_\_\_\_\_  
\_\_\_\_\_

Reimbursement of valid University expenses incurred

Date(s) travel occurred \_\_\_\_\_

\_\_\_\_\_ miles at \_\_\_\_\_ /mile (click here for [current mileage rates](#) ) \$ \_\_\_\_\_

\_\_\_\_\_ days of full per diem \_\_\_\_\_ per diem rate (click for [per diem rates](#) ) \$ \_\_\_\_\_

First day of travel per diem rate \$ \_\_\_\_\_

Last day of travel per diem rate \$ \_\_\_\_\_

Other expenses (receipts required) \$ \_\_\_\_\_

Fellowship \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_  
(not required if invoice attached)

Services outlined above were purchased in accordance with provisions of the University's Finance and Administration Policies and Procedures. Additionally, for any reimbursement of travel expenses for non-employees, I certify these expenses are paid in accordance with the University's non-employee travel reimbursement policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approved for Payment