Appendix A

The University of Maryland College Park Foundation, Inc.
7309 Baltimore Ave. Suite 217, College Park, MD 20742
Disbursement Request Form

Date: _____

Account Name: _____ Purchase Order: _____
Account # _____ Account Purpose: _____
Make Check payable to: _____ SS# or ITIN# _____
Address: _____ Is individual a USM State Employee?
_____ ☐ Yes ☐ No

_____ Is individual a UMD student?
☐ Yes ☐ No

**If payment is to be made to, or on behalf of an individual, information must be provided re: his/her citizenship status.
☐ U.S. Citizen ☐ NOT a U.S. Citizen ☐ Citizen status not known

** If payment is to an individual who is not a U.S. citizen or whose citizenship status is unknown, you MUST contact UMCPF
NO PAYMENT WILL BE MADE IF CITIZENSHIP STATUS INFORMATION IS NOT PROVIDED.
A W-9 TAX FORM IS REQUIRED FOR PAYMENTS MADE TO ANY VENDOR FOR SERVICES PERFORMED.

FOR AN INDIVIDUAL PROVIDING SERVICES, THE AUTHORIZED SIGNER IS CERTIFYING THAT THE VENDOR MEETS THE INTERNAL REVENUE SERVICE'S DEFINITION OF AN INDEPENDENT CONTRACTOR.

Expense Code	$ Amount	Expense Code	$ Amount
		Total	$ -

(Reminder: Expenditure MUST be related to account purpose)

Business purpose(s) for which the check is being requested:

Attach <u>original</u> documentation (i.e. timesheets, invoices, register receipts, charge slips, letters)

POLITICAL CONTRIBUTIONS ARE PROHIBITED: ANY SUCH REQUEST WILL BE DENIED

<u>Authorized signers and authorized reviewers are responsible for ensuring compliance with the MOU and/or account agreement.</u>

Requested by: _____ Approved by: _____
Title: _____ Title: _____
Signature: _____ Signature _____
Phone: _____ Phone: _____

*Supervisor Approval: _____
Title: _____
Signature _____
Phone: _____

* Required if Payee is an Approved Signature on this account.

Revised 10/1/03