


<b>Special Handling Requested</b>	Check Box	Reason for Request	
		Dept Contact Name	for check pick-up at 221-

\* Must provide copy of Vendor Payment Form for Disbursements

 <b>WILLIAM &amp; MARY</b> <b>Vendor Payment Request Form (VPRF)</b> Department _____	<b>DOCUMENT NUMBER</b>	
	<b>FOATEXT</b>	
	<b>PROCESSED DATE</b>	<b>INITIALS</b>

VENDOR / PAYEE INFORMATION		Check appropriate box	ADDITIONAL PAYMENT INFORMATION
<b>Purchase Order Number</b>		<input type="checkbox"/>	<b>Direct Pay</b> (if not eVA exempt purchase, additional justification must be included)
<b>Banner ID Number</b>		<input type="checkbox"/>	<b>Reimbursement</b> (if not eVA exempt purchase, additional justification must be included)
<b>Name</b>		<input type="checkbox"/>	<b>Honorarium</b>
<b>Doing Business As</b>		<input type="checkbox"/>	<b>Wire Request</b>
<b>Address</b>		<input type="checkbox"/>	<b>Foreign Draft Request</b>
		<input type="checkbox"/>	<b>1099 Transaction</b>

INVOICE INFORMATION			
<b>Invoice Number:</b>		<b>Amount:</b>	
<b>Date invoice was received:</b>		<b>Payment Due Date:</b>	
<b>Date goods were received:</b>			
<b>Description of the payment or purchase:</b>			
<b>Please Indicate if:</b>	<input type="checkbox"/>	<b>Remittance ONLY when required by Vendor.</b> (Department must provide copy)	

Prompt pay requires that invoices be paid within 30 days of receipt of goods or invoice, whichever is later.

BANNER ACCOUNT DISTRIBUTION				
	Index	Account	Activity Code	Amount
<b>Banner Account Distribution</b>				

VENDOR TYPE					
<b>Vendor, Employee, Student Payment or other</b>	US Source Vendor	Foreign Vendor	Vendor is a Student	Employee	
	<b>Existing Vendor</b>	<b>Foreign Source Income</b>	<b>US Citizen/Legal Resident</b>	Scholarship / Fellowship	Employees may only receive reimbursements. No other payments can be processed.
				Stipend / Awards / Prizes	
				Reimbursement	
				<b>Non-Resident Alien</b>	
Include <b>TAX</b> LETTER assessing taxation and reportability. You must request letter from the payroll office <b>PRIOR</b> to payment request.					
<b>Prepayment - Use Only if payment crosses fiscal years.</b>	<b>US Source Income</b>				
	Include <b>TAX</b> LETTER assessing taxation. You must request letter from the payroll office <b>PRIOR</b> to payment request.				

**Department Approval Officials**

Person preparing form cannot authorize the disbursement.			
<b>Person who Prepared Document</b>		<b>Phone Number</b>	
<b>Print Name of Agency Head or Designee</b>		<b>Document Date</b>	
<b>Signature Agency Head or Designee</b>		<b>Date</b>	

**Office of Sponsored Programs Approval**

The Sponsored Programs office ONLY needs to approve invoices for goods and services that were not approved prior to acquisition.			
<b>Signature of OSP Administrator</b>		<b>Date</b>	

Only ONE invoice may be paid per form. Complete the form, attach the original invoice, and send to Accounts Payable for processing. Keep a copy for departmental records.

