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## ***Accounts Payable Department***

### ***Preface***

***Date: 06/13***

The Accounts Payable Department is a subsidiary of the Office of University Procurement and is responsible for the timely distribution of payments to vendors for services rendered and/or goods received. The following document is for internal purposes and provides an overview of the Office of University Procurement's Accounts Payable Department.

While procedures and policies are maintained and adhered to by our staff, there are instances that necessitate alternative processes.

This Accounts Payable Manual should be used as a guideline for University employees authorized to obligate University funds.

Contact the Assistant Director of Accounts Payable with any questions or inquiries pertaining to this manual.

1. ***Function of the Accounts Payable Department***

It is the responsibility of the Accounts Payable Department to review all payment requests submitted by the Fordham Community, to enter payment vouchers in a timely fashion into the Banner Accounts Payable system for all properly authorized requests, and to ensure that only payments properly authorized and appropriately documented are in fact paid.

It is the responsibility of each staff member of the Accounts Payable Department to use their best efforts to ensure that each and every payment made is a true obligation of Fordham University and not of any other party. Also ensure that senior management is alerted to any situations which may involve a fraudulent or inappropriate payment.

2. ***General***

The Accounts Payable Department consists of the Assistant Director of Accounts Payable, the Accounts Payable Supervisor and four Accounts Payable Representatives. Each Accounts Payable Representative handles certain alphabet letters, e.g., ***A-C, D-J, K-L, R-Z, Corporate Credit Card payments, Foreign Drafts, Fellowships, etc.*** These separations of letters are rotated periodically. The Accounts Payable Department is located at ***Faculty Memorial Hall - Room 525.***

3. ***Daily Routine***

The mail is delivered twice daily to the Controller's Office. It is opened, clocked, separated, and then distributed to each Accounts Payable Representative by the Controller's Executive Secretary.

Mail consists primarily of the following:

a. ***Purchase Orders (Banner Finance Purchasing Order System)***

As explained in the detailed procedures below, some expenditures are initiated when an ordering department sends the top (canary) copy of the two-part Requisition (FRPF) to the Office of Procurement (***FMH 131***). Once the requisition is received and processed by the Office of University Procurement, it will be permanently recorded into the Banner Finance Purchasing Order System. The ordering department will receive a laser quality Purchase Order Confirmation. The vendor will also receive confirmation of the official Fordham University Purchase Order.

When the ordering department receives the invoice from the vendor or the Accounts Payable Department, it should be reviewed to ensure that the goods and/or services have been rendered before approving for payment with the required authorized signature. The Purchase Order number should be written on the invoice by the ordering department, if not stated by vendor. In addition, indicate whether it is a Partial or Final Payment, and then forward it to the Accounts Payable Department for payment processing.

## ***Accounts Payable Department***

***Index: AP2 – General Instructions***

***Date: 06/13***

1. Invoices ***must*** be made out to Fordham University, and payment requests ***must*** be for an obligation of Fordham University that is not of any other party or person. Any indication that an invoice or payment request may be fraudulent ***must*** be brought to the attention of the Assistant Director of Accounts Payable immediately.
2. Invoices pertaining to Check requests, Purchase Orders, or Limited Purchase Orders are the only documents that can authorize payments. These documents ***must*** be signed by an authorized person in order to be valid. You ***must*** verify that the person whose name appears on the document is in fact authorized to sign the document and also that the signature is truly that of the authorized person.
3. As a recognized not-for-profit institution, Fordham University is ***tax exempt*** under Section 501 © (3) of the Internal Revenue Code. This tax exemption extends to the following:
  - Sales taxes imposed by the State of New York.
  - Parking garage taxes imposed by the City of New York provided the automobile being parked is registered in the City of New York.
  - Hotel occupancy taxes imposed by the City of New York (only if the expense is paid by Fordham University).
  - Fuel and petroleum taxes imposed by the State of New York.
  - Federal Excise taxes imposed on telephone bills provided the proper exemption claims have been filed for the individual telephone numbers involved. This has been done mostly for current Fordham telephone bills to avoid Federal and State Taxes appearing on the bills. If you receive invoices for telephone services, which include taxes of any kind, advise your supervisor. Do not pay the invoice until you have received specific instructions from the originator of the payment request. Your supervisor will then initiate the process of claiming exemption from taxes directly with the originator of the invoice.

***Note: The above exemptions do not apply when a Fordham employee is being reimbursed for telephone, parking, hotel charges, etc. The tax exemption only applies to the exempt entity itself. Therefore, these taxes can properly be reimbursed along with the underlying expenses, only if properly approved in accordance with these procedures.***



## ***Accounts Payable Department***

***Index: AP3 – Accounts Payable Procedures***

***Date: 06/13***

### ***1. Payment Requests for Personal Services***

Payment requests for personal services require a contract or a letter explaining the service performed when an invoice is not available. New payees, in which payments exceeds **\$500**, ***must*** submit a completed ***W-9 Form*** and a Checklist form reviewed and signed by the Director of Human Resources for tax purposes.

Invoices received from the Vendor or the Accounts Payable Department for goods and/or services rendered and/or received that pertain to a Purchase Order, ***must*** be signed by the ordering department and forwarded to the Accounts Payable Department for payment with the Purchase Order number (if not indicated on the invoice) and the ***FOAP (Fund, Organization, Account and Program)*** that was encumbered. The person signing the invoice should be the authorized person whose signature is on file. Most materials costing over **\$1,000**, as defined in the Purchasing Policy Manual, ***must*** be purchased via a Purchase Requisition (FRPF). ***Any invoices submitted on a Check Request that exceed \$1,000 will be sent to the Office of Procurement for review and approval, unless an exception has been authorized.***

### ***2. Types of Direct Payments***

Direct payments may include any of the following:

***a)*** Vendor invoices for supplies or services rendered not covered by Purchase Order procedures. This will include all purchases for less than **\$1,000**, plus the following types of expenditures:

- Vendor invoices for services rendered or supplies ordered via Limited Purchase Orders.
- Invoices or time sheets from consultants.
- Invoices for professional fees/services from lawyers, accountants, architects, out-of-pocket expenses, etc.
- Payments of stipends, living or book allowances, etc., to Fordham undergraduate or graduate students.
- Refunds of tuition or fees to students.
- Travel advances to staff and reimbursements for travel or other expenses incurred by employees.
- Payments to open new Petty Cash funds or to reimburse expenditures to replenish existing funds.
- Payments chargeable to Balance Sheet accounts, such as cash transfers, payments for securities, etc.

### ***3. Check Requests for Payment to US Postmaster***

Check Requests for payment to the US Postmaster are accompanied by back-up documents in the form of a memo when the check is requested. Each department is responsible for keeping receipts (for future reference, if required) as the money is spent.

**c) Address**

No payment voucher can be processed without a valid and verified address. Full permanent home address **must** appear for all payments to individuals for which a **1099-Misc Form** is being prepared. If there has been a change of address an updated **W-9 Form must** be submitted.

**d) Special Instructions**

Special Instructions usually specify check pick-up instructions, which should be clear, concise and legible. Copies of any documentation to be inserted along with payment, as well as a self-addressed envelope should be provided by the department requesting the payment. Request for holding checks, as opposed to direct mailing, will be honored infrequently on an exception basis only.

**e) Amount for Payment**

Amount approved for payment should match the amount of invoice or bill. **Any apparent alterations to an invoice or bill should be brought to the attention of the Assistant Director of Accounts Payable before the payment documentation is processed any further.** This would include erasures or crossed out items on the invoice, amounts apparently added to an invoice after it was completed, amounts appearing in a different typeface, etc. In most instances, the Accounts Payable Representative will contact the department or will return the invoice with explanation.

**f) Accounting Information**

Account(s) to be charged **must** be clearly indicated in the "Accounting Information" section of the Check Request. **The "account number" must properly describe the invoices being paid, and sufficient funds must be available to make the payment.** If you do not have a list of valid account numbers, obtain one from your supervisor. Except for special types of payments that will be covered separately in these procedures, all charges on a payment request should be to a single organization.

**g) Amount**

The amounts written on the Check Request **must** be tallied and **must** match the invoices or supporting documentation attached.

The Accounts Payable Representatives **must** review all data entered in Banner from the Check Request before clicking on the **Complete Icon** to avoid erroneous checks being issued.

**h) Invoices and/or Supporting Documents**

As stated on the Check Request, all original invoices **must** be submitted for expenditures of **\$25** or more. Originals of all receipts under **\$25**, and copies of other invoices submitted with the request, should be retained by the submitting office for one year. All original receipts for Independent Contractors must be submitted. If receipts are not available, the expense will be considered as services. Receipts smaller than 5" x 11" are to be mounted with transparent tape on a clean 8½" x 11" sheet of paper.

If submitting more than four invoices for the same vendor on a Check Request, a Supplemental Form must be used and attached to the regular Check Request.



## ***Accounts Payable Department***

***Index: AP4 – Authorized Signatories***

***Date: 06/13***

1. Check Requests, Purchase Orders, or Limited Purchase Orders (LPOs) are the only documents that can authorize payment. These documents ***must*** be signed by an authorized signatory in order to be valid. If the payment is for ***\$10,000*** or more, it must also be signed by the appropriate Vice President or Dean. You ***must*** verify that the person whose name appears on the document is in fact authorized to sign the document and also that the signature is truly that of the authorized person. The fact that an individual is well known and has some administrative functions related to finance does not make them an authorized signatory. Nor does the fact that an individual has a position of authority at Fordham automatically make them an authorized signatory.
2. ***For each Organization with an Operating Budget, a Budget Administrator is assigned. This Budget Administrator is the only authorized signatory for that budget, unless a properly completed Approval Authorization Form is on file in the Office of Procurement and/or the Accounts Payable Department clearly designating another individual to sign.***

Any authorization for a person other than the Budget Administrator to approve Check Requests, Purchase Orders, or LPOs ***must*** be approved in writing by the Director of University Procurement. This applies to changes in the Approval Authorization Form as well.
3. All expenditures for ***\$10,000*** or more ***must*** also have the appropriate area of Vice President or Dean's signature in the space provided on the Check Request form.

***Note: This requirement does not apply to payments charged to Agency accounts.***

## ***Accounts Payable Department***

***Index: AP6 – Direct Payments – General***

***Date: 06/13***

### ***1. Definition***

“Direct payment” refers to payment for any of the various departments of the University, which do not reference a Purchase Order. A Check Request accompanied by a “**Limited Purchase Order**” (LPO) is considered to be a direct payment. Limited Purchase Orders or “**LPOs**” are used when a vendor requires a Purchase Order, but no Purchase Order is required by Fordham’s policy. Specific procedures for **LPOs** appear elsewhere in this manual.

The authorizing document for a direct payment is a ***Check Request*** Form (see ***Index: AP16-Sample Forms***) which ***must*** be completed by the originating department, signed and dated by an authorized signatory (see ***Index: AP4 – Authorized Signatories***).

### ***2. Supporting Documentation***

The Check Request ***must*** be accompanied by appropriate and sufficient ***Supporting Documentation*** to assure the Accounts Payable Representative that the payment is valid and is truly an obligation of Fordham University. As noted elsewhere in these procedures, it is the duty of the Accounts Payable Representative to ensure that ***erroneous, excessive, improper or fraudulent payments*** are prevented from going through. The Accounts Payable Representative is the “last stop on the line” in terms of prevention of fraud and error.

Payments are normally only made on the basis of ***original*** invoices. If only copies are available, the reason for this ***must*** be documented. The invoices submitted for payment ***must*** be researched for prior payment from the date of invoice to present. Particular care should be taken to ensure that ***faxed*** invoices have not already been submitted for payment.

***No*** payments are to be made on the basis of ***vendor statements, unless the vendor is on the list below for which statement/payments are approved.***

Payment on statement is approved for the following vendors:

***Law Library***

***Lawyers Cooperative Publishing***

***Note: Supporting documentation is not required for expenditures of less than \$25. However, if documentation is included with the payment request, it should be reviewed.***



## ***Accounts Payable Department***

***Index: AP6-b – Direct Payments – 1099's for Students***

***Date: 06/13***

### ***Student Payment Request for Personal Services***

The following policy was set forth by the Vice President of Finance regarding payments for services rendered pertaining to students.

Students may be treated as contractors or employees, just like non-students. Final determination to treat anyone as an Independent Contractor ***must*** be based upon the results of the Independent Contractor Checklist.

Despite the above, if a student is already on the payroll, any additional payment to that student should be made as employee compensation. This policy recognizes the fact that it is harder to pass the bar of ***IRS*** scrutiny, if someone is treated as both an employee and an Independent Contractor. It is intended to protect both the University and our students.

Exceptions will be made to this policy if insisted upon by the hiring manager ***and*** if the results of the Independent Contractor Checklist clearly allows for this treatment.

All requests to pay students as independent contractors shall be accompanied by an Independent Contractor Checklist regardless of the amount of compensation to be paid.

***Note: As reference, an article on this subject can be obtained from the IRS website.***

## ***Accounts Payable Department***

***Index: AP6-d – Direct Payments – Foreign Currency***

***Date: 06/13***

These payments are requested via a regular Check Request. The drafts requested are purchased from ***Western Union***, formally ***Travelex***, and are usually received within five (5) business days from the day they received payment. Western Union charges a **\$5** fee per draft and a **\$40** fee for any returned draft.

Once the drafts are received a copy is attached to the Check Request, and they are mailed out the same day it is received or no later than the following business day. It is very important that the currency be clearly stated on the Check Request to avoid additional charges. An additional invoice copy to be inserted along with the draft and the correct address ***must*** be provided by the department requesting the draft.

If a foreign vendor requests payment to be issued via a wire transfer, this ***must*** be stated on the special instructions area of the Check Request. In addition, the banking information from the vendor ***must*** be clear on the invoice.

***A Purchase Requisition is always required for the purchase of letterhead or business cards.***

**3. *Payment for Purchases of \$1,000 or More***

- Vendor invoices are required to show the Purchase Order number. Based on this number, all invoices received in the Accounts Payable Department will be matched with the Banner Finance Purchasing Order system.
- The name of the individual authorizing the payment will be verified against the on-line signature listing. The signature of the individual authorizing the payment will be checked against sample signatures on file if the Accounts Payable Representative is not thoroughly familiar with the signature.
- Vendor name, prices, and merchandise should be checked. All differences, including material quantities, prices, descriptions of materials, freight and other charges should be brought to the attention of the Assistant Director and/or Supervisor of Accounts Payable, who will then consult with the Office of Procurement and/or ordering department.
- If the invoice completely fulfills the Purchase Order, enter “**F**” for Final. If the invoice only partially fulfills the Purchase Order, enter “**P**” for Partial.
- If an invoice is received for which no Purchase Order is on file in the Banner System, the procedure is as follows:
  - i. Forward an “**Unable to Process**” form to the ordering department along with the invoice requesting a Check Request form to be filled out for items under **\$1,000**.
  - ii. Invoices over **\$1,000**, which are not exempt from issuing a Purchase Order, will also be returned to the ordering department.

**4. *Check Requests for Purchases of Less Than \$1,000***

If the invoice is less than **\$1,000**, a Check Request is filled out.

Note that the budget account number is entered in the Accounting Information section. The Purchase Order number is entered in the Description section of the Check Request. This Check Request is then processed for payment in the normal manner.

This document describes the policies and procedures for official travel on behalf of Fordham University and for incurring expenses to be reimbursed by the University. These policies and procedures are designed to ensure that University funds are used efficiently and to meet the **IRS** guidelines for reimbursing employees for certain business expenses. Appropriate documentation and timely submittal of travel reports are essential elements of compliance with these policies.

For purposes of this document, out of town travel is travel that requires the traveler to stay overnight at a location other than his or her home or that involves airline or inter-city rail travel. All other travel is local travel.

Requests for exception to the policies and procedures established herein, setting forth the reasons for the request, **must** be approved in advance by the Office of Treasury Operations. The traveler and his or her supervisor are responsible for ensuring compliance with the University's Travel Policy. The traveler should make certain that travel services are obtained at the lowest reasonable price.

### ***Out of Town Travel***

#### **Travel Reservations**

##### **Designated Travel Services Agency**

Omega World Travel is the University's designated travel service agency. Travel arrangements may be made through Omega World Travel using the local phone number **(212) 563-0949** or the toll-free number **(800) 545-1003**. Travelers should identify themselves as a Fordham University employee or student when making reservations. Transportation services (rail and air) obtained through Omega World Travel are billed directly to the University and charged to the Banner expenditure codes provided by the traveler. The process for obtaining travel services through Omega World Travel is detailed below. Omega World Travel can make hotel reservations, but a personal or corporate credit card is required to confirm the reservation.

##### **Alternative Travel Services**

The University recognizes that from time to time competitive fares are available from various on-line services. Travelers may use these services if the cost of the travel arrangements will be lower than that available from Omega World Travel. This option places greater responsibility on the traveler and the supervisor to ensure that the travel arrangements fully comply with the University's Travel Policy. Alternative travel services should not be used to avoid any approvals required by this policy.

The University encourages all efforts to obtain the lowest possible fares and recognizes that may require a traveler to pay for tickets well in advance of the actual trip; therefore, the University



- Traveler's itinerary and connection times
  - Restrictions and/or cancellation - change fees
- For travel over six hours, employees are authorized to use the next higher class available on the airline being flown. Employees are urged to reserve as far in advance as possible in order to take advantage of any discounts available.

*Rail:* Lowest logical fare.

#### ➤ **Lodging**

Reservations are for a standard single room accommodation in a convenient commercial class hotel or motel, subject to the provision of 4) below concerning conferences. Omega World Travel will assist the traveler in identifying the lowest cost lodging option and place reservations. A personal or corporate credit card is required to confirm the reservations.

#### ➤ **Automobile Rental**

The following applies to vehicles rented for University business only.

Automobile rentals should be limited to situations where other means of transportation are not practical, economical or available. To reduce travel costs, the class of car to be rented should be appropriate for the number of people traveling, the length of the trip and any University material being transported. Arrangements for group or team rental or rentals involving direct billing should be made directly through the Office of Procurement.

The University has entered into agreements with National Car Rental and Enterprise Rent-A-Car for discount rates on business travel. Rental arrangements may be made through the Office of Procurement or directly either by phone (**National (800) 328-1234, Enterprise (800) 261-7331**) or on-line. Reservations for either company require the University's corporate discount code – **XZ24D09**. Reservations for Enterprise may also require the pin code – **FOR**.

Rentals from National and Enterprise do not require any additional insurance coverage. For all other rentals, Fordham University's insurance provides liability coverage for automobiles rented for **business purposes only**; therefore, no additional liability insurance should be procured. Because the University's collision damage insurance has a **\$1,000** deductible, employees are encouraged to use credit cards that provide collision damage coverage or to procure the additional insurance. In the event such coverage is not provided, the departmental travel budget will be charged the amount of any deductible. Refer to [www.fordham.edu/travelpolicy](http://www.fordham.edu/travelpolicy).

#### ➤ **Conferences**

An employee attending a meeting, convention or conference being held in a resort or premium hotel may stay in that facility. Often, organizers of conferences will announce discounted fares for transportation and lodging. These discounts should be made known to Omega at the time arrangements are being made.

#### ➤ **Transportation To and From Terminals**

The most economical mode of transportation should be used when traveling to and from terminals. These expenses (including reasonable gratuities) are reimbursable. Modes of transportations to be considered, in ascending order of cost, are as follows:

## ***Accounts Payable Department***

***Index: AP9-a – Travel and Expense Reimbursements***

***Date: 06/13***

### ***Local Travel***

When traveling locally on University business from home to a location other than the normally assigned place of work, those transportation expenses that exceed the employee's usual commutation cost will be reimbursed. Meals and incidental expenses are not reimbursable when traveling locally, nor is there any Per Diem reimbursement when traveling locally. However, certain business meals and entertainment expenses as described in ***Index: AP10 – Corporate Credit Cards*** may be allowed.

#### **Inter-campus Travel**

- Rose Hill and Lincoln Center – Travel modes available are the Ram Van, subway, Metro-North Railroad and personal automobile. The Ram Van is recommended as the most convenient and cost efficient way to travel. Individuals traveling to the Lincoln Center campus by personal automobile should use the Regent Garage on 61<sup>st</sup> Street off of Columbus Avenue where reduced parking rates are available. The parking ticket ***must*** be validated at the guard's desk in the main lobby of the Lowenstein building prior to paying. Reimbursement is available for official inter-campus travel.
- Rose Hill and Westchester Campus or Calder Center – Automobile is the suggested mode of transportation.
- Lincoln Center and Westchester Campus – Automobile is the suggested mode of transportation.
- Lincoln Center and Calder Center – Automobile is the suggested mode of transportation.

#### **Personal Automobile Use**

- When traveling short distances where air, bus, or rail transportation is not practical, or to reduce the cost of several University employees traveling to the same destination, a personal automobile may be used for University business. Use will be reimbursed as described below in ***Index: AP9-c – Travel and Expense Reimbursement***.

If damage occurs to a personal automobile while traveling on University business, the amount of the employee's insurance deductible up to ***\$500*** will be reimbursed and charged to the specific department provided an accident report has been furnished to the Office of Treasury Operations. Please refer to [www.fordham.edu/travelpolicy](http://www.fordham.edu/travelpolicy).

#### **Rental Automobiles and Car Service**

The following applies to vehicles rented for University business only.

Automobile rentals should be limited to situations where other means of transportation are not practical, economical, or available. To reduce travel costs, the class of car to be rented should be appropriate for the number of people traveling, the length of the trip, and any University materials being transported. Arrangements for group or team rental, or rentals involving direct billing, should be made directly through the Office of Procurement.



## ***Accounts Payable Department***

***Index: AP9-b – Travel and Expense Reimbursements***

***Date: 06/13***

### ***Business Meals, Entertainment and Other Expenses***

#### **Business meals and entertainment expenses**

Business meals are classified as expenses for meals and meetings that occur during the course of business. Expenses incurred for such meals are eligible for reimbursement.

A receipt and the specific business reason for holding the meeting, including the names of those attending, ***must*** be submitted along with the request for reimbursement.

#### **Purchases**

The Office of Procurement has made available a number of ways to make purchases and payments for the University. Reimbursements for purchases will not be made unless approved in advance by the Office of Procurement. Documentation supporting this deviation from the University's policy ***must*** accompany the request for reimbursement. Sales taxes paid will not be reimbursed.

#### **Other Expenses**

Other expenses incurred in achieving the University's mission may be reimbursed if it is determined that the expenses are necessary, appropriate to the occasion, and reasonable in amount. These include professional memberships directly related to employment.

Charitable donations and gifts of a personal nature are not reimbursable expenses.

Reimbursement for the use of a personal automobile is at the federal-employee automobile-mileage rate. This rate can be obtained from the following internet website: [www.gsa.gov](http://www.gsa.gov). This is a fixed rate per mile to cover expenses of operating a vehicle (e.g., gas, insurance, maintenance, and depreciation) instead of actual expenses. The mileage rate is to be computed for each individual leg of a trip, totaled and entered daily on the expense report. Mileage calculations should be entered on the Travel Report by entering the date(s) of travel, the beginning and end points of the trip, and the number of miles traveled. Fuel receipts do not support mileage claims. The University will not reimburse fuel purchases except for University owned vehicles.

Tolls and parking charges are reimbursable to the employee in addition to the mileage rate.

Fines for vehicle violations are not reimbursable and are the responsibility of the individual incurring such fines.

***See Index: AP9-g – Approval Authority*** for approval signatures required.

#### ***✦ Corporate Credit Card***

Employees paying for travel and entertainment expenses with the University's corporate credit card are required to report and document such expenditures when requesting payment of their monthly statement. Corporate credit card payments are made by the University on behalf of the cardholder based on the submittal of a Check Request. All items on the monthly statement ***must*** be documented with receipts. If expenditures are related to travel, the purpose, duration, and location of the travel should be documented.

For business meal and entertainment expense reimbursements, in addition to a receipt, the following information as required by ***IRS*** regulations and ***must*** accompany a request for reimbursement of entertainment expenditures:

- Business purpose
- Date
- Place
- Name(s) and business relationship(s) of the individual(s) entertained

***See Index: AP9-g – Approval Authority*** for approval signatures required. The cardholder ***must*** also sign the Check Request. Travel and entertainment related approvals are in addition to any required for a non-credit card related Check Request.



## ***Accounts Payable Department***

***Index: AP9-e – Travel and Expense Reimbursements***

***Date: 06/13***

### ***Authorized Travel by Non-University Employees***

When the University provides travel for an individual who is not an employee of the University (e.g., a consultant or employment applicant), all transportation and lodging arrangements are to be made through the University Travel Center. Such expenses are not normally reported on the individual's ***1099-Misc Form***. If the individual is reimbursed for expenses, the University will report the value on the individual's ***1099-Misc Form***.

## ***Accounts Payable Department***

***Index: AP9-g – Travel and Expense Reimbursements***

***Date: 06/13***

### ***Approval Authority***

Supervisory oversight is an essential element in maintaining a cost-effective and efficient travel program that conforms to ***IRS*** regulations. The University has enhanced program efficiency by authorizing on-line travel arrangements and through the issuance of corporate credit cards to frequent travelers. Therefore, it is essential that all Travel and Expense Check Requests, Travel Authorization Forms, and Check Requests related to the payment of Corporate Credit Card accounts be reviewed and approved by the supervisor of the traveler. Supervisory approval is required for all travel or entertainment expenditures in excess of ***\$100***.

To facilitate timely processing of travel related forms, a Vice President (or higher) may designate a responsible individual as an alternative approver. In such case, the designation should be in writing and filed with the Office of Treasury Operations and the Accounts Payable Department. The supervisor remains responsible for reviewing all travel expenditures and maintaining control of his/her office's travel program. In no event may a traveler approve his/her own forms.

All travel forms ***must*** also be signed by the appropriate Budget Administrator.

## ***Accounts Payable Department***

***Index: AP11 – Check Scheduling and Printing***

***Date: 06/13***

The Accounts Payable Department prints checks three (3) times a week on Tuesday, Wednesday, and Friday mornings. Once checks are printed, they are distributed by the Controller's Division under the direction of the Controller (***ext. 4950***).

During the summer schedule (July – August), checks are printed two (2) times a week on Tuesday and Thursday mornings.

***Note: These schedules are subject to changes based on holidays and when the University is scheduled to be closed.***

## ***Accounts Payable Department***

***Index: AP13 – Stop Payments/Void Checks***

***Date: 06/13***

Most of the time, the stop payments are placed upon the department's request via email or when the vendor claims that they have not received payment. The Accounts Payable Representative fills out a Stop Payment Request form and gives it to the Special Projects Accountant. The Special Projects Accountant verifies via Web Connect if the check is outstanding or if it has been cashed. If the check is still outstanding, the stop is placed. Once the confirmation is returned to the Accounts Payable Representative, they then will proceed to issue a replacement check. If the check has been cashed, a copy of the cancelled check will be provided and sent to the person questioning the payment. This procedure can take between one (1) to two (2) business days from the date of the request.

***Note: All requests must be in writing via email addressed to the appropriate Accounts Payable Representative.***



## ***Accounts Payable Department***

***Index: AP15 – List of Forms***

***Date: 06/13***

1. \*Check Request (FO-CR100)  
Two-part NCR form - Original processed by the Accounts Payable Department; Department Copy retained by requesting department
2. \*Check Request - Supplemental Sheet (FO-XXX.1P)
3. Fordham University - Tax Exempt (ST-119.1)
4. Fordham University – Form W-9
5. Unable to Process
6. Vendor Update
7. Stop Payment/Copy of Canceled Check
8. W-8BEN
9. Independent Contractors – Form W-9
10. Checklist
11. \*Purchase Requisition Form
12. \*Limited Purchase Order (LPO)
13. \*Travel & Expense Check Request
14. Statement of Employee/Student Advance
15. Approval Authorization Form for the Office of Procurement and Accounts Payable Department (FO-AAF)

***Note: Copies of Fordham's W-9 & Tax Exempt forms can be obtained from the Accounts Payable Department when requested via email.***

***\*May be obtained from the Duplicating Center located at FMH-Room 129.***



**FORDHAM™**  
UNIVERSITY



**DO NOT WRITE IN BOX AREA**



\* 1 4 0 0 4 8 7 3 7 7 \*

**CHECK REQUEST**

**1400 487377**

Payee			Social Security Number / Federal Tax ID (Required)		
Address			FIDN		
			Special Instructions		
City	State	Zip			

**ACCOUNTING INFORMATION:**

Fund	Org	Account	Program	Invoice Number	Invoice Date	Amount
*Description/Purpose:					Total	

**Approval Signature(s):**

Budget Administrator	Date	Area VP/Dean if \$10,000 or more	Date
PRINT NAME	EXT.		

**Instructions:**

1. Use for payment for all services performed not acquired through an Official Purchase Order or Limited Purchase Order. For employee's travel expense reimbursement, use a Travel and Expense Check Request. Please type or complete in ink.
2. Must submit original invoices for expenditures of \$25 or more. Originals of all receipts under \$25, and copies of other invoices submitted with the request, should be retained by the submitting office for one year. All original receipts for Independent Contractors must be submitted. If receipts are not available, expense will be considered as service. Receipts smaller than 5" x 11" are to be mounted with transparent tape onto a clean 8½" x 11" paper.
3. If submitting more than four invoices for same vendor on check request, a Supplemental Form must be used and attached to regular check request.
4. Obtain required approval signatures (no signature stamps), and forward top original to the Controller's Office, Accounts Payable Department (FMH 525). **Retain attached copy for your records.** For additional copies of form please contact the Fordham Duplicating Center (Ext. 4922).

**FOR OFFICIAL USE ONLY**

Vendor Code:		
Banner Invoice #:		Banner Invoice #:
Banner Invoice #:		Banner Invoice #:
Due Date:		Enclosure Code:
A/P Review:		Date:
DE by:		Date:
Wire Transfer Approval:		Date:
1099:	Code:	Employee:
Date Matched:		Number of pages:
Check picked up by:		Date:



# FORDHAM UNIVERSITY

## CHECK REQUEST - SUPPLEMENTAL SHEET



PAYEE NAME

DOCUMENT NO.

LINE	FUND	ORG	ACCOUNT	PGM	INVOICE NO.	INVOICE DATE	DESCRIPTION	AP OFFICIAL USE ONLY	AMOUNT
								BANNER INV. NO.	
1									\$
2									\$
3									\$
4									\$
5									\$
6									\$
7									\$
8									\$
9									\$
10									\$
11									\$
12									\$
13									\$
14									\$
15									\$
16									\$
17									\$
18									\$
19									\$
20									\$
21									\$
22									\$
23									\$
24									\$
25									\$





New York State Department of Taxation and Finance  
**New York State and Local Sales and Use Tax**  
**Exempt Organization**  
**Exempt Purchase Certificate**

**ST-119.1**  
(2/04)

☐ Single purchase certificate

☐ Blanket certificate

Your exempt organization number is  
not your federal employer  
identification number (see instructions).

Exempt organization number (6-digit number  
issued by the New York State Tax Department)

EX - 1 | 7 | 1 | 0 | 1 | 4

Name of seller			Name of exempt organization/purchaser		
Street address			Street address		
City			City		
State			State		
ZIP code			ZIP code		
FORDHAM UNIVERSITY			FORDHAM UNIVERSITY		
441 EAST FORDHAM ROAD			441 EAST FORDHAM ROAD		
BRONX			BRONX		
NY			NY		
10458			10458		

The exempt organization must be the direct purchaser and payer of record.

You may not use this form to purchase motor fuel or diesel motor fuel exempt from tax.

Representatives of governmental agencies or diplomatic missions may not use this form.

Carefully read the instructions and other information on the back of this document.

I certify that the organization named above holds a valid Form ST-119, *Exempt Organization Certificate*, and is exempt from New York State and local sales and use taxes on its purchases.

I also certify that the above statements are true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under section 1817 of the New York State Tax Law and section 210.45 of the Penal Law, punishable by imprisonment for up to a year and a fine of up to \$10,000 for an individual or \$20,000 for a corporation. I understand that the Tax Department is authorized to investigate the validity of the exemption claimed or the accuracy of any information entered on this form.

Print or type name of officer of organization	Title
John J. Lordan	SVP, CFO and Treasurer
Signature of officer of organization	Date issued

**Need help?**



Internet access: [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)



Fax-on-demand forms: Forms are  
available 24 hours a day,  
7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to  
5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Business Tax Information Center: 1 800 972-1233

From areas outside the U.S. and  
outside Canada: (518) 485-6800



**Hotline for the hearing and speech impaired:**

If you have access to a telecommunications device for the  
deaf (TDD), contact us at 1 800 634-2110. If you do not  
own a TDD, check with independent living centers or  
community action programs to find out where machines are  
available for public use.



**Persons with disabilities:** In compliance with the  
Americans with Disabilities Act, we will ensure that our  
lobbies, offices, meeting rooms, and other facilities are  
accessible to persons with disabilities. If you have  
questions about special accommodations for persons  
with disabilities, please call 1 800 972-1233.



**If you need to write, address your letter to:**  
NYS TAX DEPARTMENT  
BUSINESS TAX INFORMATION CENTER  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Fordham University</b>	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
<input checked="" type="checkbox"/> Other (see instructions) ▶ <b>NOT FOR PROFIT</b>	
Address (number, street, and apt. or suite no.) <b>441 East Fordham Road</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Bronx, NY 10458</b>	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
1	3	-	1	7	4	0	4	5

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here    Signature of U.S. person ▶ 

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# FORDHAM UNIVERSITY

THE JESUIT UNIVERSITY OF NEW YORK

## ACCOUNTS PAYABLE DEPARTMENT **BANNER**

From the desk of... **Nelly Alicea**, Assistant Director, Accounts Payable  
Ext. 4957

**To:**

**Date:**

**Return attached form with documents.**

DOCUMENT / INVOICE NUMBER:

COMMENTS:

**In order to process payment, please submit the following**

- ☐ Appropriate authorized signature.
- ☐ Approve attached invoice for payment.
- ☐ **Check request.**   ☐ **Purchase Requisition (Contact Purchasing Dept., Ext. 4910).**
- ☐ **Complete Banner FOAPAL**          **FUND**          **ORG**          **ACCT**          **PGM**
- ☐ Complete attached approval authorization form.
- ☐ **Complete attached W-9 Form and Checklist.**
- ☐ **Independent contractor agreement, proposed contract or letter of agreement.**
- ☐ Indicate total amount due on check request / supporting documents.
- ☐ List each invoice number and corresponding amount. (Attach supplementary form if applicable.)
- ☐ Original / Copies of documents to be included with payment. (Ex. Subscriptions, Registrations, Conferences)
- ☐ **Original invoice (statements, estimates, quotations and/or packing slips are not acceptable).**
- ☐ Provide social security number / home address / full payee address / full name as it appears on social security card.
- ☐ Revise check request (amount specified does not match invoice amount).
- ☐ **Signature of Vice President / Dean required for \$10,000 and over, including travel expenses.**





FORDHAM UNIVERSITY  
OFFICE OF UNIVERSITY PROCUREMENT  
ACCOUNTS PAYABLE  
**VENDOR UPDATE FORM**

- ☐ ADD      ☐ NEW      ☐ SEQUENCE  
☐ CHANGE  
☐ TERMINATE

Approval: \_\_\_\_\_

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Must complete this information**

1. \*Vendor Code (9 Digits) ☐ \_\_\_\_\_

2. \*Vendor Name \_\_\_\_\_

3. Account Number \_\_\_\_\_

4. Vendor Address (Remittance) \_\_\_\_\_

\*City \_\_\_\_\_

\*State \_\_\_\_\_

\*Zip \_\_\_\_\_

\*Phone \_\_\_\_\_

\*Fax \_\_\_\_\_

5. \*Federal I.D. Number \_\_\_\_\_

6. \*Social Security Number \_\_\_\_\_

7. Other \_\_\_\_\_

8. Document No. \_\_\_\_\_

9. Entered by \_\_\_\_\_ Date \_\_\_\_\_

10. \*Invoice Grouping      ☐ Many invoices per check (M)      ☐ One invoice per check (I)

11. \*Vendor Classification: \_\_\_\_\_  
☐ Small Business (SB)    ☐ Minority Owned (MI)    ☐ Women Owned (WO)  
☐ Labor Surplus (LS)    ☐ Disadvantaged (DB)    ☐ Small Disadvantaged (SD)  
☐ Veteran (VT)    ☐ Other (OT)



# FORDHAM UNIVERSITY

Accounts Payable Department  
Stop Payment Request/Copy of Canceled Check



Payee name: \_\_\_\_\_  
Check number: \_\_\_\_\_ Check date: \_\_\_\_\_  
Check amount: \_\_\_\_\_ Document number: \_\_\_\_\_  
Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
VC#: \_\_\_\_\_ Banner Inv. #: \_\_\_\_\_

BANNER FOAPAL

FUND (5)

ORG (5)

ACCT (4)

PGM (2)

1099: ☐  
Stop Payment Request ☐  
Outstanding/Paid Request ☐  
Copy of Canceled Check ☐

Reason for Stop Payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will check be re-issued? YES ☐ NO ☐

Reason why: \_\_\_\_\_

Asst. Director of Accounts Payable Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Need Confirmation Faxed YES ☐ NO ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR GENERAL ACCOUNTING USE ONLY

Date check stopped: \_\_\_\_\_  
O/S as of: \_\_\_\_\_ Per: \_\_\_\_\_  
Check paid on: \_\_\_\_\_ Reference#: \_\_\_\_\_  
Date requested from bank: \_\_\_\_\_  
Date received from bank: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certificate of Foreign Status of Beneficial Owner  
for United States Tax Withholding**

► Section references are to the Internal Revenue Code. ► See separate instructions.  
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do not use this form for:**

- A U.S. citizen or other U.S. person, including a resident alien Individual . . . . . **W-9**
  - A person claiming that income is effectively connected with the conduct of a trade or business in the United States . . . . . **W-8ECI**
  - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) . . . . . **W-8ECI or W-8IMY**
  - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) . . . . . **W-8ECI or W-8EXP**
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary . . . . . **W-8IMY**
- Note:** See instructions for additional exceptions.

**Part I Identification of Beneficial Owner (See instructions.)**

<b>1</b> Name of individual or organization that is the beneficial owner		<b>2</b> Country of incorporation or organization															
<b>3</b> Type of beneficial owner: <table style="width: 100%;"><tr><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Simple trust</td></tr><tr><td><input type="checkbox"/> Grantor trust</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> International organization</td></tr><tr><td><input type="checkbox"/> Central bank of issue</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Private foundation</td><td colspan="2"></td></tr></table>			<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust													
<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization													
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation															
<b>4</b> Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.  City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)																	
<b>5</b> Mailing address (if different from above)  City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)																	
<b>6</b> U.S. taxpayer identification number, if required (see instructions) <div style="text-align: center;"><input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN</div>		<b>7</b> Foreign tax identifying number, if any (optional)															
<b>8</b> Reference number(s) (see instructions)																	

**Part II Claim of Tax Treaty Benefits (if applicable)**

- 9** I certify that (check all that apply):
- a ☐ The beneficial owner is a resident of . . . . . within the meaning of the income tax treaty between the United States and that country.
  - b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
  - c ☐ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
  - d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
  - e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
- 10** Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article . . . . . of the treaty identified on line 9a above to claim a . . . . . % rate of withholding on (specify type of income): . . . . .  
Explain the reasons the beneficial owner meets the terms of the treaty article: . . . . .

**Part III Notional Principal Contracts**

- 11** ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
  - 2 The beneficial owner is not a U.S. person.
  - 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
  - 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

**Sign Here**

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 2-2006)





**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**FORDHAM UNIVERSITY**  
**CHECKLIST FOR DETERMINATION OF INDEPENDENT CONTRACTOR STATUS**  
*Effective August 6, 1998*

<u>Name of person being evaluated</u>	<u>Date Prepared</u>
Relationship of Independent Contractor with any University employee: Please Check: <u>      </u> Yes <u>      </u> No	
	<u>Name/Title/Department of University Employee</u>

<u>Prepared By</u>	<u>Title</u>	<u>Department</u>	<u>Telephone Number</u>
--------------------	--------------	-------------------	-------------------------

In order to establish an independent contractor relationship, the following questions should be answered, and this checklist should be reviewed and approved by the Executive Director of Human Resources prior to the commencement of proposed services. Please respond yes or no to each question. Forward the completed checklist to Human Resources at Faculty Memorial Hall, Room 506 or fax it to (718) 817-4929. The document will be promptly reviewed and acknowledged with instructions for establishing the proper pay status.

<u>Primary Factors</u>		<u>Yes</u>	<u>No</u>
1	Does Fordham University have the right to require compliance with significant instructions? For example, will the University exercise control over the details of the work performed by this individual?	<u>      </u>	<u>      </u>
2	Does Fordham University have the right to set the specific hours of work?	<u>      </u>	<u>      </u>
3	Does Fordham University have the right to set the order of sequence of detail tasks which underlie the services to be performed?	<u>      </u>	<u>      </u>
4	Does Fordham University have the right to discharge the individual performing the services?	<u>      </u>	<u>      </u>
5	Does Fordham University have the right to hire, pay and/or supervise any of the individuals or subcontractors doing the work?	<u>      </u>	<u>      </u>
6	Does the individual being evaluated have the ability to realize a profit or loss from his/her relationship with Fordham University?	<u>      </u>	<u>      </u>
7	Does the individual being evaluated have a significant investment in tools, materials, equipment and/or facilities when such items are necessary to accomplish the task and are customarily provided by individuals in similar capacities?	<u>      </u>	<u>      </u>
8	Does the individual being evaluated devote his/her time exclusively (full time) to Fordham University on an on-going basis?	<u>      </u>	<u>      </u>
9	Does the individual being evaluated make his or her services available to the public on a regular and consistent basis?	<u>      </u>	<u>      </u>









# FORDHAM UNIVERSITY TRAVEL & EXPENSE CHECK REQUEST

BANNER

FOR OFFICIAL USE ONLY

Vendor Code:		Banner Invoice #:	
A/P Review:	Date:	Due Date:	Enclosure Code:
DE by:	User:	Due Matched:	Number of pages:
Checks picked up by:		Date:	

DO NOT WRITE IN BOX AREA



1444068875

LAST NAME		FIRST NAME		MIDDLE INITIAL		SOCIAL SECURITY NUMBER		INVOICE NUMBER													
HOME ADDRESS		NUMBER		STREET		APARTMENT		ORGANIZATION LOCATION TELEPHONE NO. DATE SUBMITTED													
CITY		STATE		ZIP CODE		REPORT PERIOD BEGINNING		REPORT PERIOD ENDING CODE													
* Explain per diem, meetings and related miscellaneous below. Indicate day incurred.		ITEM		DAY AND TYPE OF EXPENSE		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		ITEMS TOTALS	
DAY		ITEM		EXPLANATION OF ITEMS		1		Town or City From													
								To													
								Daily Mileage													
						2		Gas/Tolls/Parking													
						3		Trans. (Rail, Taxi, etc.)													
						4		Hotel/Motel (Room Only)													
						5		Per Diem *													
						6		Meetings/Reg. Fees Related *													
						7		Airfare													
						8		Miscellaneous *													
						9		Miscellaneous *													
Clearly describe below, the University business purpose related to expense.		DAILY TOTALS >																			
RECONCILIATION OF CASH																					
Grand Total of All Expenses \$										FUND ORG ACCOUNT PGM											
Deduct Cash Advance/Credit Card Charge > \$										FUND ORG ACCOUNT PGM											
on Check Number										FUND ORG ACCOUNT PGM											
Sub-Total > \$										FUND ORG ACCOUNT PGM											
Balance Due to Fordham (Attach Personal Check) \$										FUND ORG ACCOUNT PGM											
Balance Due to Employee \$										FUND ORG ACCOUNT PGM											
I hereby certify that the information contained on this report is a true and accurate accounting of my expenses in connection with University business.																					
SIGNATURE										DATE											
PRINT NAME:										PRINT NAME:											
APPROVED BY: (See Item 6 of instructions on back of form.)										DATE											



# FORDHAM UNIVERSITY

## STATEMENT OF EMPLOYEE / STUDENT ADVANCES

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Advance: \$ \_\_\_\_\_

I, \_\_\_\_\_, acknowledge custody of an advance in the amount stated above, for the sole purpose of transacting legitimate University related expenditures within the \_\_\_\_\_ department according to the guidelines set forth below. I understand that I am solely responsible for the proper control and accountability of this advance at all times.

I understand that this advance expires on \_\_\_\_/\_\_\_\_/\_\_\_\_ and that all documentation and remaining funds pertaining to this advance must be submitted to the Controllers Office 30 days after the expiration date in order to clear the full amount of the advance. Further, it is understood that if this advance is not cleared within 30 days of expiration, any outstanding amount will be deducted from my subsequent paycheck(s) until such time that the advance has been fully cleared or, a charge placed on my account.

1. The advance is to be used primarily for expenses incurred as a result of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The advance is NOT to be used for purchase of personal items, memberships, subscriptions, dues, furniture, equipment, personal services of employees or non-employees, or used as a source from which checks are cashed or loans are made or as a means to avoid or bypass any established purchasing procedures.

My signature below signifies that I have received a check for the amount of advance and, that I agree to all terms stated on this document.

Employee/Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Controller's Office use only**

Controller/Associate Controller's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge to account(s): # \_\_\_\_\_





## M E M O R A N D U M

THE JESUIT UNIVERSITY OF NEW YORK

**Date:** Fiscal Year "Banner"  
**To:** All Budget Managers  
**From:** Anthony M. Grono  
Controller  
Frank A. DeOrio  
Director of University Procurement  
**Re:** **Banner Financial System Signature Approval Authorization Form  
for Procurement, Accounts Payable and Petty Cash Documents**

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In a collaborative effort to have all necessary documentation, enclosed is a REVISED BANNER Approval Authorization Form for your signature, your printed name and your title. Please complete the form and return to the Office of University Procurement, FMH 131.

The use of the required signature authorization supports the internal controls needed by the Controller's Office and the Office of University Procurement for the processing of procurement, accounts payable and petty cash documents. The approval authorization is based on a level of authority established for each individual authorized to approve documents. The Approval Authorization Form indicates the Procurement, Accounts Payable, Travel and Petty Cash disbursement documents covered under this authorization.

**Please mark an X for your appropriate level of authority as indicated on the form and specify on the form your Area of responsibility and the Banner FOAPAL for which you are responsible.**

**Note:** (A) Banner FOAPALS must be included (full 16 digits)  
(B) You cannot approve your own signature and level of authority

The President, Vice Presidents, Deans and Banner Account Managers may appoint an alternate Account Manager or individuals with either **Level 1** or **Level 2** signature approval authority. Such an appointment for an individual must be approved through the signature of the Account Manager of the department for which approval is granted. The alternate Account Manager may approve all transactions in place of the Account Manager, while the Level 1 signatory authority limits approval to transactions up to \$1,000 and the Level 2 signatory authority limits approval up to \$100. As indicated on the form, **Account Managers** bear the ultimate responsibility for all transactions processed through their assigned departments.

In order to avoid delays in the processing of your documents, i.e. check requests, etc. please return the completed form to University Procurement (FMH 131) as soon as possible.

If you require additional copies or have any questions, please call **Linda Santos, ext. 4910, Jazmen Benitez, ext. 5931, Nelly Alicea, ext. 4957 or Lucille Santos, ext. 0919.**

Thank you for your cooperation and prompt response to our request.



*Notes:*

[illegible]