

Single Payment Approval Form – For Award Payments to University Employees Only



Name _____

Employee ID _____

Job Title _____

Date of Service _____

Single Payment Amount _____

Employee Category (please circle one) Faculty Staff Student

Pay group (please circle one) Monthly Biweekly

Citizenship (please circle one) U.S. Citizen Non-U.S. Citizen

Explanation (Include date and description of Award or dates of service) _____

Department Name or Restricted Fund Project Title _____

Budget String to be charged _____

Signature Authority (please print name) _____ Department Box Number _____

Form Completed by _____ Contact Number _____

SIGNATURES AND ROUTING

- | | | |
|----|-------|--------------------------------|
| 1. | _____ | Expenditure Authority |
| 2. | _____ | Director or Dean |
| 3. | _____ | Graduate School (for GAs only) |
| 4. | _____ | Vice President* |
| 5. | _____ | President* |
| 6. | _____ | Tax Compliance |
| 7. | _____ | Foundation |
| 8. | _____ | University Human Resources |
| 9. | _____ | ORA/OFPA |

*This signature is required if the amount is greater than \$2,500 or if the payment is greater than 10% of the annual salary.

For University Human Resource Use Only

Annual Salary _____ Pay Group _____ Job Class Code _____

10% of Salary _____ Previous Payments _____ Job Home Dept _____

10% or more of annual Salary \$2,500 or more

Awards Determination and Documentation Form
From the Tax Compliance Officer

To be completed by Tax Compliance Only

Section 6: Request Returned

Award: _____
Recipient: _____ Recipient ID: _____

Section 7: Request Returned

Returned: Request is a Scholarship/Scholarship Award. Processed through Financial Aid and Disbursed by the Business Office.

Returned: Send to AP for Approval and Processing. See Instructions in Section 3 C. Submit the Awards Payment Request on a Remittance Voucher and Attach Required Documents.

Missing:

Awards Determination and Documentation Form

Predetermined Objective Standards (Section 2 A)

Returned: Send to HR/SE for Approval and Processing. See Instructions in Section 3 C. Submit the Awards Payment Request on a Single Payment Form and Attach Required Documents.

SOAR:

Recipient Type Verified

Recipient Citizenship or Immigration Status Checked

Missing:

Awards Determination and Documentation Form

Predetermined Objective Standards (Section 2 A)

SOAR:

Recipient Type Verified

Recipient Citizenship or Immigration Status Checked

Section 8: Request Approved

Approved: Send to AP for Processing. Complete a Remittance Voucher and Attach Required Documents.

Missing:

Awards Determination and Documentation Form

Predetermined Objective Standards (Section 2 A)

SOAR:

Recipient Type Verified

Recipient Citizenship or Immigration Status Checked

Approved: Send to HR/SE for Processing. Complete a Single Payment and Attach Required Documents. Please note that taxes are applicable.

Missing:

Awards Determination and Documentation Form

Predetermined Objective Standards (Section 2 A)

SOAR:

Recipient Type Verified

Recipient Citizenship or Immigration Status Checked

Approved by: _____

Date: _____

Once all signatures are obtained, submit this document to PAF@usm.edu