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



Name Job Title			Employee ID	
			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. C	Citizen	
Explanation (Include date and description	of Award or dates	of service) _		
Department Name or Restricted Fund Proj	ect Title			
Budget String to be charged				
Signature Authority (please print name)		De	epartment Box Number	
Form Completed by		Co	ontact Number	
SIGNATURES AND ROUTING				
1.		Ex	spenditure Authority	
2.		D	irector or Dean	
3.		G	raduate School (for GAs only)	
4.		V	ice President*	
5.		Pr	esident*	
6.		Ta	ax Compliance	
7.		Fo	oundation	
8.		U1	niversity Human Resources	
9.			RA/OFPA	
*This signature is required if the amount		r 11 the payment	is greater than 10% of the annual salary.	
For University Human Resource Use On Annual Salary	nly Pay Group		Job Class Code	
10% of Salary	Previous Payme	ents	Job Home Dept	
☐ 10% or more of annual Salary	\$2,500 or me	ore		

HR: Rev 10.23

Monetary Awards Determination and Documentation Form



Section 1: Intent of Payment

A.	Name of the Award:										
B. Is the payment specifically intended to be spent by the individual to defray the expenses of their studies, training, or research, and or is in any way related to their course of study? YES NO											
If the answer is "Yes" to the above question, the payment is classified as a scholarship and or a scholarship award and MUST be sent to Financial Aid for Disbursement. Section 2: Monetary Award by University Definition A. Awards must result from a contractual obligation (enrolled in, entered in, participated in, etc.) with the following criteria: Exists prior to an individual's performance (not to be confused with work-related service), Is based on predetermined objective standards, and (REQUIRED: attach criteria used for selection) Is subject to a stated maximum amount. Please list: \$											
						B. Award T		e requires Foundation reimbursement)			
						Recognition for special achievement or other (please specify):					
						☐ Special Skill ☐ Special acknowledgment Contest ☐ Research ☐ Awarding Prize ☐ Other:					
Section 3: Rec											
A. Name of B. USM II C. Recipies USI USI USI II VOI	of Recipient: D (if applicable): ent's Current Relationship with The M Student: Send Monetary Award M Employee: Send Singe Payment M Student and USM Employee (inc n-USM Student and Non-USM Employe) CC) Box No. 5143. ployment who are both USM Students and US I Singe Payment Form and Monet	University of Southern Mississippi s Form and Remittance Voucher to Tax Compliance (TC) Box No. 5143. Form and Monetary Awards Form to Tax Compliance (TC) Box No. 5143 udes GA, TA, work-study, student employment). Go to section 4. oyee: Send Monetary Awards Form and Remittance Voucher to Tax M Employee, is the award related to employment? ary Awards Form to Tax Compliance (TC) Box No. 5143. ittance Voucher to Tax Compliance (TC) Box No. 5143.									
	-	employment:									
ii iio, piease ex	plant now the award is not related to	employment.									
Completed by		, date:									
	Sign Name	Print Name									
Approved by:	Sign Name	, date:									
Cond	C	Print Name									
Send	to taxcomphance@usm.	edu once the above sections have been completed.									
	andation Reimbursement onto the made to USM employees that are p	ocessed through Human Resources require reimbursement from a USM Foundation									
A. USM For B. Amount	Indation Fund Name and Number utplease list the maximum reimburse	ed for reimbursement:nent amount including applicable taxes and benefits):									
	Authority:	, date:									
<i>5</i>	Sign Name	Print Name									
USMF Controlle	r or CFO:Sign Name	, date: Print Name									
	sign Name	PTIII INAINE									

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:
Business Office. Returned: Send to AP for Approval and Processing.	ard. Processed through Financial Aid and Disbursed by the See Instructions in Section 3 C. Submit the Awards Payment
Request on a Remittance Voucher and Attach Required	Documents.
Missing:	SOAR:
Awards Determination and Documentation Form	Recipient Type Verified
Predetermined Objective Standards (Section 2 A)	Recipient Citizenship or Immigration Status Checked
Returned: Send to HR/SE for Approval and Process on a Single Payment Form and Attach Required Docum	ing. See Instructions in Section 3 C. Submit the Awards Payment Request nents.
Missing:	SOAR:
Awards Determination and Documentation Form	Recipient Type Verified
Predetermined Objective Standards (Section 2 A)	Recipient Citizenship or Immigration Status Checked
Section 8: Request Approved Approved: Send to AP for Processing. Complete a I	Remittance Voucher and Attach Required Documents.
Missing:	SOAR:
Awards Determination and Documentation Form	Recipient Type Verified
Predetermined Objective Standards (Section 2 A)	Recipient Citizenship or Immigration Status Checked
Approved: Send to HR/SE for Processing. Complete are applicable.	e a Single Payment and Attach Required Documents. Please note that taxes
Missing:	SOAR:
Awards Determination and Documentation Form	Recipient Type Verified
Predetermined Objective Standards (Section 2 A)	Recipient Citizenship or Immigration Status Checked
Approved by:	Date:

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