Single Payment Approval Form University Employees Only



Name				
Job Title				
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 dat	es of service)		
Department Name or Restricted Fund Pro	ject Title			
Budget String to be charged				
Signature Authority (please print name)		Dep	partment Box Number	
Form Completed by		Contact Number		
SIGNATURES AND ROUTING				
1		Exp	enditure Authority	
2.		_ Dire	ector or Dean	
3.		_ Gra	duate School (for GAs only)	
4.		_ Vic	e President (for restricted fund accounts only)	
5		Pres	sident*	
*This signature is required if the amount	is greater than \$2,50	00 or if the payr	nent is greater than 10% of the annual salary.	
6.		Tax	Compliance	
7.		_ Fou	ndation	
8.		_ Uni	versity Human Resources	
For University Human Resource Use O Annual Salary	nly Pay Group		Job Class Code	
10% of Salary	Previous Pay	ments	Job Home Dept	
10% or more of annual Salary	□ \$2,500 or	more		

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	Type: vice Award (Please note: Award type requires Fo	undation reimbursement)				
Recognition for special achievement or other (please specify):												
☐ Special Skill ☐ Special acknowledgment Contest ☐ Research ☐ Awarding Prize ☐ Other:												
B. USM II C. Recipie USI USI USI Nor Compliance (T	of Recipient: D (if applicable): ent's Current Relationship with The University of M Student: Send Monetary Awards Form and I M Employee: Send Singe Payment Form and M M Student and USM Employee (includes GA, TA n-USM Student and Non-USM Employee: Send I TC) Box No. 5143.	Southern Mississippi Remittance Voucher to Tax Con Ionetary Awards Form to Tax C , work-study, student employmen	npliance (TC) Box No. 5143. Compliance (TC) Box No. 5143. t). Go to section 4.									
YES: Send	 ployment who are both USM Students and USM Employee, d Singe Payment Form and Monetary Awards Monetary Awards Form and Remittance Vou 	Form to Tax Compliance (TC) l	Box No. 5143.									
If no, please ex	plain how the award is not related to employment	:										
Completed by												
Completed by	Sign Name	Print Name	, date:									
Approved by:	<u>-</u>		, date:									
Approved by:	Sign Name	Print Name	, uate.									
Send	to taxcompliance@usm.edu once	the above sections have	e been completed.									
	undation Reimbursement		•									
	ents made to USM employees that are processed through	gh Human Resources require reimbur	sement from a USM Foundation									
	undation Fund Name and Number used for reimbu (please list the maximum reimbursement amount											
Fund Signature A	Authority:		, date:									
0	Sign Name	Print Name										
USMF Financial	Services:Sign Name		, date:									
	Sign Name	Print Name										

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.	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	· ·		
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