



THE UNIVERSITY of
MISSISSIPPI
FOUNDATION

Reimbursement Form

To: University of Mississippi Foundation

From:

Date:

Please Pay:

\$

(If payment is for services rendered, Please include signed and completed W-9 of payee)

(Total Amount)

Mailing Address:

Foundation
Account to charge:

Purpose:

I certify that this payment is for goods or services received, and the payment is in accordance with Foundation regulations.

Telephone:

Email:

Campus Mail: UM Foundation
Brandt Memory House

Instructions:

1. Use one request per payee.
2. Keep a copy for your records.
3. Upload form to umfoundation.com/papersave
4. Attach itemization, invoices, receipts, list of names of persons attending meals, itemize miles at allowable rate, etc. to payment request and highlight applicable amounts of each.
5. Check will be mailed to payee or as directed.