

Reimbursement Form  
**UM Foundation Account**

To: University of Mississippi Foundation

From: \_\_\_\_\_

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

Please Pay: \_\_\_\_\_ \$ \_\_\_\_\_  
(If payment is for services rendered, (Total Amount)  
please include a Form W-9 for the payee.)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Foundation Account to be Charged: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(Payee Signature) \*\*

DEPARTMENT SIGNATURES:  
(Two signatures required)\*

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Dean /Vice Chancellor/Provost)\*

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Mail to: UM Foundation  
406 University Avenue  
Oxford, MS 38655

Campus Mail: UM Foundation  
Brandt Memory House

Email: [Payments@umfoundation.com](mailto:Payments@umfoundation.com)

**Instructions:**

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

\*A secondary signature is required for reimbursements over \$1,000, unless department policy requires Dean approval on all.

\*\*If payment request is for outside vendor, University personnel requesting disbursement is required to sign.