

Reimbursement/Advance/Payment Form

The RAP (Reimbursement/Advance/Payment) form serves as a document to pay individuals for various purposes for three funding sources, State, RF and UBF. It should also be used to process payments to other State agency's using state funds. Please note that the form **cannot be used for Supplier Payments, Travel, Honoraria, RF Moving Expenses, Independent Contractor Payments or Non-resident Alien Scholarship/award payments**. The appropriate, existing forms for those transactions should be used. The UB Foundation, while not replacing the Disbursement Request (DR) or requiring this form, will accept this form to process similar type payments.

The form has four boxed areas located at the top of the form. The correct box(es) need to be checked for proper identification of your paperwork. A description of materials purchased, along with proper justification or the direct relationship to a research project, is *required*.

Reimbursements are for employees using either State or Research Foundation funds. Original receipts must be attached and submitted with this form. The payee must sign the Payee Certification above the Authorized Signature.

STATE

- When using State funds, the RAP form replaces the Petty Cash form and the standard State Voucher form previously used for transactions of this type. All policies and guidelines relating to petty cash remain the same. The original receipts are to be stapled to the completed RAP form with the appropriate signatures and sent to the appropriate office for reimbursement.

All State-funded personal reimbursements will be made as follows:

- If the individual is a State employee and enrolled in payroll direct deposit, the reimbursement will be made via direct deposit to the same account utilized for the individual's paycheck. Reimbursement payments will not be impacted by the payroll cycle.
- If the individual is a State employee and is not enrolled in direct deposit, the reimbursement will be made in the form of a check mailed to the individual's address as recorded in the payroll system.
- All employees should ensure that their address in the payroll system is current. Employees may update their address by completing an Employee Biographic Update Form, available at http://hr.buffalo.edu/files/phatfile/Emp_Bio_Update.pdf
- If the individual is not a State employee, the reimbursement will be in the form of a New York State Treasury check sent to the individual's home address.
- If you have separately directed your financial institution to distribute your deposits according to a specific plan, any direct deposits (payroll or expense reimbursement) will be distributed pursuant to this plan once funds are received by your bank or credit union.
- Review this distribution to ensure that, with the new deposit of expense checks, your wishes are correctly reflected. This may require you to change your distribute in anticipation of the expense reimbursements.
- When completing the RAP form please include the payee's full name.

RF

- When using **Research** funds for small purchases under \$2,500.00 of project supplies and materials, it is possible for the project investigator to pay out of pocket and receive subsequent reimbursement. The New York state local sales and use tax exemption certificate is available upon request from purchasing or from Sponsored Project Services. The payee must provide home address **OR** campuses address and sign Payee Certification above the Authorized Signature. The completed form and original receipts are sent to Sponsored Project Services, 402 Crofts Hall, North Campus. For further information regarding RF Reimbursements please see the [RF Reimbursement Guidelines](#).

- RF Advances are also a type of reimbursement. Please see the RF Advance Payment Procedure for further guidelines. The payee must provide home address OR campus addresses and must sign the Payee Certification above the Authorized Signature. For further information regarding RF advances please see the [RF Advance Payment Procedures](#)
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- ❖ The UB Foundation, while not replacing their Disbursement Request (DR) or requiring this form, will accept this form to process similar type payments.
- ❖ The “P” box is checked for Payments using either State or Research funds designated as other than a reimbursement. It replaces the current State or RF Requisition. This box would be used for RF subject fees, State awards or scholarships. The payee must provide home address and must sign the Payee Certification above the Authorized Signature. *NOTE: The new form may not be used for Payments to Suppliers.*
- ❖ The “P” box for Payment to State Agency using state funds should be checked when making a payment to another State Agency. Complete Date, Account#, Total and Business Purpose. Only Authorized signatory is required for a payment to another state agency. Please attach invoice from state agency to RAP form and submit to Financial Services for processing.

Reimbursement/Advance/Payment Form

Not valid for Supplier Payments, Travel, Honoraria, RF Moving Expenses, Independent Contractor or Non-Resident Alien Scholarship payments

<input type="checkbox"/> Reimbursement - Attach all <u>original</u> receipts and other applicable papers to this form. State <input type="checkbox"/> Greater than \$250 <input type="checkbox"/> Less than \$250 RF <input type="checkbox"/> Any amount	<input type="checkbox"/> RF Advance see advance payment procedure <input type="checkbox"/> UBF - for any of the above Request No. _____	<input type="checkbox"/> Payment (to an individual only) Other than reimbursement <input type="checkbox"/> Payment to State Agency using State Funds
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Date: _____ **Acct #:** _____ **Total:** _____
(OEC Optional)

Check Payable To: _____
(First (Full) Middle Last)

State Employee: Yes (If yes provide NYS EMPLID) No **NYS EMPLID:** N _____
(NYS EMPLID N# Found on Paystub)

Home Address: (Required except for Payment to State Agency)

Street, City, State, Zip
Person#: _____

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to the Internal Revenue

Required: Itemized Description of Material/Service with justification of purchase or direct relationship to projects	Amount
Please note: Reimbursement of New York State Sales Tax is not allowed.	
Check Box if not enrolled in Direct Deposit	
Business Purpose: _____	
Total	

Questions regarding this transaction request can be directed to:

Contact Name: _____
 Department: _____
 Address: _____
 Contact Phone#: _____ Ext: _____
 E-Mail: _____

Please send form to:
RF - Sponsored Projects Services, 402 Crofts Hall.
State Reimbursement - \$250 or under - Financial Services, 418 Crofts Hall.
State Reimbursement over \$250 Procurement Services, 224 Crofts Hall.
Payment to State Agency: Financial Services, 418 Crofts Hall
UBF - Center for Tomorrow.

Payee Certification: I certify that the above is just, true and correct; that no part has been paid except as stated and a transaction will not be requested from another funding source.

Payee Signature (Not Required for Awards or Scholarships) **Phone #** _____

Authorized Signature **Phone #** _____

For Office Use Only	Acct #:
Check #: _____ Check Date: _____	
Supplier #: _____ PO #: _____	
Invoice #: _____	
Approved by: _____ Date: _____	
OEC: _____	