



UNIVERSITY OF ILLINOIS SYSTEM

Expenditure from 9D Custodial Funds

Payee Information:

Name of Payee: _____

Banner Vendor ID Number: _____

Name of Banner Vendor: _____

Is the payee is a foreign national nonresident alien? Yes No

If yes, make sure to review the [Payment to Foreign Nationals](#) website prior to performing services or acquiring goods.

Remittance Address: _____

City: _____ State: _____ Zip Code: _____

Amount and Description of Expenditure

Amount: _____

Reason for Expenditure: _____

C-FOAP to be Charged for Disbursement to Owner:

Chart: _____

Fund Code: _____ Fund Title: _____

Org Code: _____ Org Title: _____

Account Code: _____ Account Title: _____

Program Code: _____ Program Title: _____

Attestation Statement of the External Owner (or Authorized Representative) of the Custodial Fund:

I represent that I am either the Owner of the Custodial Fund identified above ("Fund") or the Owner's authorized representative. By signing this Request to Disburse Custodial Funds form, I direct that the University disburse the amount indicated above to the Payee identified, and I represent that this disbursement does not return unexpended funds to the owner or an owner representative.

I further represent that if the payee is a nonresident alien, I have informed my University of Illinois liaison unit of that fact prior to: **(1)** performing any services for compensation, or **(2)** acquiring goods and services for reimbursement. I have also provided all requested payee documentation required to comply with University foreign national processes.

Name: _____

Title: _____

Date: _____

By selecting "Yes" in the radio dial below and entering my name above, I attest that I have read, understand, and agree with the Owner's Attestation above in its entirety, and have complied with any necessary University foreign national processes.

Yes

University Unit Serving as Custodian for the External Owner:

Unit Name: _____

Chart: _____

Organization Code: _____

Organization Title: _____

Attestation Statement of the University Unit Serving as Custodian for the External Owner:

I have reviewed this Request to Disburse Custodial Funds form and verify to the best of my knowledge that the request is appropriate and that, unless approved by UAFR, the disbursement will not create a deficit within the custodial fund. I further verify that payment or nonpayment of sales tax is in accord with the owner's tax-exempt status.

If the payee is a nonresident alien, I have obtained and submitted all required visa and related documentation to the Office of University Payroll and Benefits and they have granted permission to issue this payment.

Name: _____

Title: _____

Date: _____

By selecting "Yes" in the radio dial below and entering my name above, I attest that I have read, understand, and agree with the Owner's Attestation above in its entirety, and have complied with any necessary University foreign national processes.

Yes