## Carnegie Mellon University Finance Division

I confirm by checking this box that the contact information provided

for the recipient on this form is known good supplier information.

## Accounts Payable Non-Employee Gift Form

at ap-payform@andrew.cmu.edu.

Updated by Payroll: 12.01.2024

Purpose of this Form: To report a non-cash gift greater than \$100 USD and any cash gift, including gift certificates/cards (regardless of the dollar amount) for a non-employee, which are subject to tax reporting. If the combined total of gifts received and compensation for services rendered exceeds \$600 USD in any calendar year, a 1099 form will be issued.

Note: Gift recipients who are U.S. citizens or U.S. taxing residents must complete a Form W-9 and attach it to this form. A copy of any gift documentation must also be attached to this form, otherwise it will not be processed. ALL PAYMENTS WILL BE SENT DIRECTLY TO THE RECIPIENT. CMU will issue the recipient's payment via Electronic Funds Transfer (EFT). The recipient must provide their banking information by submitting a completed Accounts Payable Supplier Electronic Funds Transfer Form [.pdf].

|  |                         |                          | Recipi               | ent Information          |   |              |                         |  |
|--|-------------------------|--------------------------|----------------------|--------------------------|---|--------------|-------------------------|--|
| Recipient's I  | Name:                   |                          |                      | Taxpayer ID:             |   |              |                         |  |
| Address Lin  | e 1:                    |                          |                      | Ledger:                  |   |              |                         |  |
| Address Lin  | e 2:                    |                          |                      | Type of Gift:            |   |              |                         |  |
| City, State,   | Zip:                    |                          |                      | Contact Phone Number:    |   |              |                         |  |
| How was the  | e gift purchased?       |                          |                      | Value of gift purchased: |   |              |                         |  |
| Reason/des   | scription of gift purch | ased:                    |                      |                          |   |              |                         |  |
|  |                         |                          |                      |                          | this completed form to the expense report (ER |              | ard verification report |  |
| Citizenship Information  |                         |                          |                      |                          |   |              |                         |  |
| Is the gift recipient a U.S. citizen or U.S. Taxing Resident? If no, specify the gift recipient's country of citizenship:  |                         |                          |                      |                          |   |              |                         |  |
| If "YES", a Form W-9 must be attached.  If "NO" and the recipient is residing in the U.S. or has a U.S. tax obligation, the Foreign National Information Form [.pdf] & Form W-8BEN [.pdf] must be submitted with this request.  If "NO" and the recipient is residing in an International Location with no U.S. tax obligation, the Foreign National Information Form & Form W-8BEN are not required.  Have you (the requestor) reviewed the university's FCPA Guidance? |                         |                          |                      |                          |   |              |                         |  |
| Please describe in the box below any FCPA related concerns you may have with the provided gift, if any:  |                         |                          |                      |                          |   |              |                         |  |
|  |                         |                          |                      |                          |   |              |                         |  |
|  |                         |                          | Accoun               | ting Information         |   |              |                         |  |
| Currency   | GL Amount               | Object Code              | Funding              | Function                 | Activity                                      | Organization | Entity                  |  |
|  |                         | 85914                    |                      |                          |   |              |                         |  |
|  |                         |                          |                      |                          |   |              |                         |  |
| Currency   | GM Amount*              | Project                  | Task                 | Award                    | Expenditure Type (Text) Organization (Te      |              | Organization (Text)     |  |
|  |                         |                          |                      |                          | GIFTS UNALLOWABLE                             |              |                         |  |
| *Sponsored Projects Accounting (SPA) signature is required if charging to a sponsored (1XXXXXX) award.   |                         |                          |                      |                          |   |              |                         |  |
| SPA Approver   |                         |                          | Signature            | Signature                |   |              | 1                       |  |
|  | ;                       | Signature of Prepa       | rer (This individual | will be contacted re     | garding any questions o                       | n the form.) |                         |  |
|  |                         |                          |                      |                          |   | Date         | _                       |  |
| Preparer   |                         |                          | Signature            | Signature                |   |              | 1                       |  |
| Title Phone Number   |                         |                          |                      |                          |   |              |                         |  |
|  |                         | Admini                   | istrative Leaders    | ship Group (ALG          | ) Authorization                               |              |                         |  |
| ALG Appro  | over                    |                          | Signature            | Signature                |   |              | ,                       |  |
|  |                         | ssing purposes, once the | •                    |                          | ne form will lock and no lon                  |              |                         |  |
| Submit completed form to   |                         |                          |                      |                          |   |              | counts Payable          |  |