

College of Allied Health Student Association Professional Development Funds

All College of Allied Health students who are currently enrolled in coursework on the Oklahoma City or Tulsa campus may request funds to help support attendance at a department-approved professional out-of-state or national conference. The College of Allied Health Student Association (CAHSA) has approved the potential reimbursement for students that attend at least two (2) CAHSA meetings during the semester the conference is held prior to turning in the reimbursement request.

Students may apply for expense reimbursement for a single conference (post-attendance) during the fiscal year as the budget allows. The total amount that can potentially be reimbursed is \$200 *for registration, travel, and/or hotel expenses* only. Students should save all receipts from the trip to use in their request.

Reimbursement Instructions

The following pages contain the documentation needed to request reimbursement. ***All paperwork should be filled out electronically where possible. When available, paperwork should be signed electronically, but printed signatures will also be accepted.***

Paperwork for reimbursement must be submitted within 60 days **AFTER** the first day of the conference or reimbursement will not be accepted.

To complete the reimbursement request process, the following steps should be followed:

1. Permission must be received from a faculty sponsor in the Department approving attendance at the conference prior to the first day of the conference. The Department should provide a list of students attending a conference to the Office of Academic & Student Affairs.
2. After attending the conference and participating in two (2) CAHSA meetings*, complete the following documents:
 - a. W-9 Substitute – Payee Registration Form
 - i. Complete all required fields and sign/date the bottom
 - b. Scholarship Payment Form
 - i. Complete all required fields and sign/date the bottom
 - c. Scholarship vs. Wages Designation Form
 - i. Faculty member from step 1 should sign/date to confirm attendance
 - d. Individual Supplier Registration Form
 - i. Complete all required fields and sign/date the bottom
3. Submit all completed documentation by email to Wade-Hensley@ouhsc.edu. Attach copies of all receipts being used in the reimbursement request.
4. The Office of Academic & Student Affairs will verify that all information is correct and will verify attendance at CAHSA meetings with the appropriate executive member.

*Students who are unable to attend two (2) CAHSA meetings based on extenuating circumstances should include the reasoning in their email request.

Please be aware that the student who pays for the expenditure(s) is the **only** student eligible for reimbursement of up to \$200. Shared expenses, if paid by a single individual, will only be reimbursed to the single individual. Additionally, payments made by a parent or guardian are not eligible for reimbursement. It is the students' responsibility to ensure they meet all requirements to retain eligibility for reimbursement.

Once submitted, students will receive an email from vendor.eft@omes.ok.gov with a subject line of "State of Oklahoma Vendor Banking Registration". Students must follow ALL instructions to complete the process of reimbursement. CAHSA and the Office of Academic & Student Affairs are not responsible for students failing to complete the process.

If you have any questions, please contact Wade Hensley, Executive Director of Student Affairs, at Wade-Hensley@ouhsc.edu.



UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
W-9 SUBSTITUTE - PAYEE REGISTRATION FORM
INDIVIDUALS ONLY

Form Must Be Printed Or Typed

VENDOR: Complete and return/fax to requesting OUHSC department
DEPARTMENT: return/fax to: OUHSC Accounts Payable, PO Box 26901, SCB 218, OKC, OK 73190/fax (405) 271-2496
Questions: Email AP-VendorOffice@ouhsc.edu OR Call (405) 271-8001 x46540

Type of Payee (check one):

- Consultant Contractor Speaker
Faculty Candidate/Visiting Faculty
Research Subject &/or Legal Guardian (no minors)
OU(HSC) Student
Other

Type of Payments to be made (check all that apply):

- Honorarium - A Request for Honorarium Approval form must be submitted and approved prior to submitting a vendor form.
Fee for service - A Request for Independent Contractor Approval form must be submitted and approved prior to submitting a vendor form.
Reimbursement ONLY
Other

Name of Individual Name on Social Security Card (if different)
Physical Address (Required), City State, Zip (9-digit required) Mailing address (if different), City, State, Zip (9-digit required)
Phone # Cell Land Line Fax# E-Mail Address

REQUIRED: Are you or any one of your company/institution's officers or owners related to a current University employee? YES* NO

*If Yes, then name and relationship:
Related defined as a family member that is within the third degree of relationship by blood or marriage and/or having a substantial financial interest relationship.

SUPPLEMENTAL INFORMATION - ALL INDIVIDUALS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with OUHSC, or may result in OUHSC having to deduct backup withholding amounts from remittances to you.

U.S. Taxpayer Identification Number (TIN): The TIN provided must match the Name of Individual provided above to avoid backup withholding. For individuals, this is your Social Security Number (SSN) or Individual Tax Identification Number (ITINs are provided to non-resident aliens for tax purposes). If using an Employer Identification Number (EIN), please complete the Company Vendor form.

SSN: or ITIN:

Check the box below that best describes your residency status.

NOTE: Non-resident alien individuals must complete the OUHSC Foreign Individual/Company Vendor Form.

- Citizen of the United States
Permanent Resident of the United States - Must provide copy of green card
Resident alien for tax purposes of the United States - Must provide Passport, Visa, & I-94 copies AND complete the Substantial Presence Test listed below

Definitions (IRS Publication 515)

Resident Alien: An alien who meets either the green card test or the substantial presence test for the calendar year.

Green Card Test: If you were a lawful permanent resident of the U.S. at any time during the year (held a "green card" or immigrant visa), you are a resident alien.

Substantial Presence Test: MUST BE COMPLETED BY RESIDENT ALIENS

Number of days in the United States during current calendar year
Number of days in the United States during first preceding calendar year
Number of days in the United States during second preceding calendar year

For F and J visa types, please provide entry/departure history since January 1, 1985

AP USE ONLY
Total Days
Approved Denied
Name

Non-Resident Alien: An individual who is not a U.S. citizen or a resident alien.

Federal and State Healthcare Program Certification: [Vendor] represents and warrants [to Facility] that [Vendor], its officers, directors, agents, and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 USC § 1320a-7b(f) (the "Federal Healthcare Programs") or any state healthcare programs; (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the Federal Healthcare Programs or any state healthcare programs; and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in [Vendor] being excluded from participation in the Federal Healthcare Programs or any state healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and [Vendor] shall immediately notify [Facility] of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give [Facility] the right to terminate this Agreement immediately for cause in addition to any other remedies available to it herein or by law."

SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Signature of person named above Date

PLEASE FOLLOW DIRECTIONS CAREFULLY AND FILL OUT THE RED BOXES. INCOMPLETE FORMS WILL DISQUALIFY YOU FOR REIMBURSEMENT.

OUHSC USE ONLY: TIN

Vendor Number



University of Oklahoma Health Sciences Center Scholarship vs. Wages Designation Form

The comparison chart listed below is used to determine whether an individual is receiving a scholarship as a benefit to the individual and therefore reported as part of their financial aid package or if the individual is providing a service and receiving wages in the role of an employee and taxed as an employee. Note that a scholarship is a payment made to a student to provide assistance for the academic and/or scholarly education, research, and/or living expenses of the individual. A scholarship is not considered compensation for services expected of an employee.

After review of the comparison chart, the department sponsor should designate the type of payment to be made for the program. This form should be on file with Grants and Contracts Accounting for all grant related programs. This form should accompany all vouchers processed through Accounts Payable or be kept with the department's internal payroll records.

Scholarship	Wages
Financial assistance or support paid to student; no work assigned.	Compensation for performance of assigned work.
No scope of work.	Scope of work assigned.
No Workers' Compensation coverage.	Workers' Compensation coverage.
No fringe benefits.	Applicable employee fringe benefits as appropriate based on eligibility.
Student-Mentor relationship.	Employer-Employee relationship.
Paid at a regular interval determined by each department. No obligation to perform any assigned tasks or specific projects.	Paid based upon hours worked performing assigned duties.
Paid via Accounts Payable through the voucher process.	Paid via Payroll.

Program Designation	
<input type="checkbox"/> Scholarship <input type="checkbox"/> Wages (please check only one)	
Program Title	
College/Department	
Department Sponsor Name	
Department Sponsor Signature	
Date	

Note that payments made in regards to travel should be evaluated for each travel objective and the methods of payment should be determined by who is receiving the benefit of the trip. Travel that benefits the individual by their participation in research or creative activity is considered a scholarship, should be paid via a voucher through Accounts Payable and will be reported on the individual's financial aid package. Travel that is beneficial to OUHSC by increasing the institution's knowledge is treated the same as employee travel. These expenses can be direct paid by OUHSC or reimbursed to the individual.

