# 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 <u>out-of-state</u> <u>or national conference</u>. 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 <u>single conference (post-attendance)</u> 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 mist 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 <a href="wade-Hensley@ouhsc.edu"><u>Wade-Hensley@ouhsc.edu</u></a>. 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.

<sup>\*</sup>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 <u>only</u> 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 <a href="vendor.eft@omes.ok.goc">vendor.eft@omes.ok.goc</a> 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 <u>Wade-Hensley@ouhsc.edu</u>.



## UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER W-9 SUBSTITUTE - PAYEE REGISTRATION FORM INDIVIDUAL SCOREY

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): Type of Payments to be made (check all that apply): ☐ Consultant ☐ Contractor ☐ Speaker Honorarium - A Request for Honorarium Approval form must be submitted and ☐ Faculty Candidate/Visiting Faculty approved prior to submitting a vendor form. Fee for service - A Request for Independent Contractor Approval form must be Research Subject &/or Legal Guardian (no minors) - Type of Payments not required submitted and approved prior to submitting a vendor form. OU(HSC) Student Reimbursement **ONLY** Other 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) 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:\_ 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 Resident alien for tax purposes of the United States - Must provide copy of green card -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 AP USE ONLY Number of days in the United States during current calendar year Total Days \_\_\_\_\_ Number of days in the United States during first preceding calendar year ☐ Approved ☐ Denied 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 ◀ 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: 1. 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 2. 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. 3. 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

OUHSC USE ONLY:

Vendor Number



### **University of Oklahoma Health Sciences Center Scholarship Payment Form**

This form should be accompanied by the Scholarship vs. Wages Designation Form and entered as a voucher through Accounts Payable. Note that scholarship payments to students will be reported as part of their financial aid package.

Payee Information						
Scholarship Information						
Payment Information						
	Amount					
Scholarship Recipient Signature	Date Signed					
r	Payment Information  Payment Information  Scholarship Recipient Signature					

#### **GL Codes:**

551000 = Payments of scholarships to students for educational purposes. F&A exempt.

553000 = Payments of scholarships to students for educational purposes. F&A liable.

552000 = Payments of scholarships to non-OUHSC students or non-OUHSC employees. This code cannot be used for anyone with a 90 Supplier ID.

#### **Supplier IDs:**

IDs beginning with 90 = OUHSC employees or those receiving special payments.

IDs beginning with 91 = Non-OUHSC employees.

#### **Invoice Date:**

One-time or travel payments = Last day of travel. Example: 08/23/19 Semester payments = First day of semester month. Example: 08/01/19 Multiple payments = First day of payment month. Example: 08/01/19

#### **Invoice Number:**

One-time or travel payments = Last Name/Last Date of Travel. Example: SMITHAUG2319 Semester payments =Last Name/Semester/Year. Example: SMITHFALL19 Multiple payments = Last Name/Month/Year. Example: SMITHAUG19



### <u>University of Oklahoma Health Sciences Center</u> <u>Scholarship vs. Wages Designation Form</u>

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	Compensation for performance of assigned work.
student; no work assigned.	
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	Paid based upon hours worked performing
each department. No obligation to perform	assigned duties.
any assigned tasks or specific projects.	
Paid via Accounts Payable through the	Paid via Payroll.
voucher process.	

Program Designation						
□Scholarship	□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.



### THE UNIVERSITY OF OKLAHOMA INDIVIDUAL SUPPLIER REGISTRATION FORM

#### PLEASE READ CAREFULLY

Note that you are only eligible to complete this form if you are operating under a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). Non-Resident aliens or those without a US Tax ID number will need to complete the appropriate W8 and IIF form. Completed forms should be returned to the department contact.

Supplier ID (existing suppliers only): New Supplier **Existing Supplier** SUPPLIER INFORMATION - TO BE COMPLETED BY SUPPLIER Name: Middle Initial SSN or ITIN: First Name Last Name Mailing Address: (number, street, and apt. or suite no.) City: Zip Code: State: Type of Payee: Guest/Visitor Candidate/Recruit Honorarium Independent Contractor Participant/Research Subject Student Other \*If Other, please explain your relationship with OU: Yes No Are you related to a current OU or OUHSC employee? \*If Yes, please provide their name and relationship: Have you served as an employee of the University of Oklahoma within the last 12 months or retired from the Oklahoma State System of Higher Education within the past 24 months? Yes No \*If Yes, please provide termination/retirement date (MM/DD/YY): Would you like to receive Electronic Fund Transfer (EFT) payments instead of paper checks in the future? \*If Yes, please provide your email address:

#### **Residency Status**

U.S. Citizen

Permanent Resident\* (Must provide copy of green card.)

Resident Alien\* (Must submit IIF form.)

Under penalties of perjury, I certify that:

- 1. 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
- 2. 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; and
- 3. I am a U.S. citizen or other U.S. person; and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

I certify that I have reviewed the completed this form in its entirety and all information contained within is true and accurate to the best of my knowledge. I acknowledge that the University of Oklahoma considers certain types of payments as compensation for Internal Revenue reporting purposes and may send either an IRS Form 1099 or 1042 as required by IRS regulations.

U.S. Citizen, Permanent Resident or Resident Alien Signature:

Date (MM/DD/YY):

DEPARTMENT USE ONLY – PARTICIPANT PAYMENT RECORD						
Method of Payment:	Check	Cash	Gift Card	Amount:		
Department Signature:				Date:		
Printed Name:				Title:		