

## SOP INSTRUCTIONS FOR UMB e-Z PAYMENT FORM

The e-Z payment form was created to use as a simple alternative to the PUR02 (check request), requisition. When used properly, it will save you time when processing quick payments.

The new e-Z pay form is available by following the below link:

<http://www.fincsvc.umaryland.edu/ap/images/eZPayment.pdf>

1. The e-Z pay form may only be used for the four types of payments listed directly on the form.
  - a. Honoraria (non-employees only)
  - b. Study Participant
  - c. Stipend
  - d. Individual Meal Reimbursement

NOTE: For payments to Foreign National Independent Contractors, prior approval is required by FS-Payroll.

UMB Policy No: 3312 (Payments to Foreign National Independent Contractors) can be viewed under:

<http://www.fincsvc.umaryland.edu/images/PaymentsForeignContractors.pdf>

2. The form must be completed electronically, printed and submitted to your prospective Business Office with appropriate back-up paperwork for approval. NO HANDWRITTEN FORMS WILL BE PROCESSED BY THE CAMPUS ACCOUNTS PAYABLE OFFICE
3. Please submit the Original set of paperwork and 1 copy, for the business office to keep for their records.

Paperwork requirements:  
Honoraria: Appointment/invitation letter dictating honoraria amount required to approve any honoraria payment; see attached
4. Individual Meal Reimbursement: Original receipts with names and affiliation of those in attendance and reason for meal
5. Once approved and signed, the business office will return the original paperwork to you.
6. You then need to submit the original paperwork directly to the campus Accounts Payable Office located at:

**Accounts Payable**  
Saratoga Garage & Offices  
220 Arch Street  
Office Level 2  
Baltimore, MD 21201
7. If approved, the accounts payable department will submit to Annapolis and the check will be cut and mailed directly to the designee. You will not receive the check back, nor will you be notified by accounts payable that the check was sent to Annapolis (We recommend following up with the designee 2 weeks after submission, to see if check has been received)
8. If the form is not completed entirely and properly or is not used for one of the purposes for which it was designed, Accounts Payable will return the form and accompanying documentation to the Contact Person listed on the form.
9. Questions regarding the form or its completion may be submitted to Accounts Payable at 6-2931 or you may contact Rebecca Grauel-Jones at 6-3468.

Associated Policies:

Additional procedures are necessary to fulfill campus and school guidelines regarding certification of Payments to Foreign National Independent Contractors:

UMB Policy No: 3312 (Payments to Foreign National Independent Contractors) can be viewed under:  
<http://www.fincsvc.umaryland.edu/images/PaymentsForeignContractors.pdf>

School of Pharmacy Certification of Tax Status for Independent Contractors can be viewed under:  
<http://www2.pharmacy.umaryland.edu/administration/business/docs/CertificationOfTaxStatus.pdf>

**Keep in Mind:**

You cannot use the e-Z pay form to provide honoraria payments to anyone who is on the USM payroll system

Payments to study participants are typically handled by requesting a working fund check versus the e-Z pay process to maintain confidentiality.

See Completed Sample Forms below.



# e-Z UMB PAYMENT REQUEST FORM

To: Department of Financial Services / Accounts Payable Department

Date: March 27, 2009

Requesting Department: School of Pharmacy / Dean's Office

Contact Person: Rebecca Grauel-Jones

Phone: 6-3468

### Payee Information

Name	Address	Amount	SS No
Jane Doe	123 Pharmacy Road Baltimore, MD 21201	1,500.00	or tax id #

Work performed inside U.S.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Payee – U.S. Citizen	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Project ID	Owner Dept	Program	Fund	Tx Dept	PCBU	Act ID
00110701	12100000	252	116		00115	00

### CHECK ONE OF THE FOLLOWING

<input checked="" type="checkbox"/> Honorarium	3110
<input type="checkbox"/> Study Participant	3130
<input type="checkbox"/> Stipend	3726
<input type="checkbox"/> Individual Meal Reimbursement	3773

Employee  Non-Employee

Department Approval: \_\_\_\_\_

**No Handwritten Forms Will Be Processed By Accounts Payable**

SAMPLE LETTER for Honoraria  
\*\* USE YOUR DEPARTMENT LETTERHEAD \*\*

[Date]

Dear [Name of recipient],

Thank you for accepting our invitation to visit the School of Pharmacy, Department of [name of department] at the University of Maryland, Baltimore from [mm/dd/yyyy] to [mm/dd/yyyy]. Your activities will include [giving a lecture; participate in \_\_\_\_\_ lecture series; etc.]. We would like to offer you an honorarium of \$[amount]. [If applicable] Also as agreed, University of Maryland, Baltimore will reimburse your expenses related to this event up to \$[amount]. All reimbursable expenses must be documented with receipts.

If the information contained herein is accurate and satisfactory to you, please complete the questions at the end of this letter, sign to signify your certification and return original to my attention in the enclosed self addressed envelope. Please note that we will be unable to process a request for payment until we receive your completed and signed letter.

Please be aware that payments made to foreign nationals are subject to a U.S. federal withholding tax of 30%. Payments may be exempt from withholding only if there is a tax treaty benefit between the United States and the foreign national's country. Note also that a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is needed in order to receive the tax treaty benefit. If you do not have a SS or ITIN number and cannot answer yes to question 1 below, your contact information will be forwarded to the University's Office of Payroll Services for further processing. Payment processing for those individuals whom are not U.S. citizens or permanent residents may take an extended period of time due to additional required steps to determine tax status.

Thank you in advance for your attention to this matter. Should you have any questions, please call [Name of person who can assist recipient] at [Contact phone no] or email at [email address].

[Department's closing paragraph]

Sincerely,  
[Name & signature of chair/director]

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By my signature, I \_\_\_\_\_ [Name of recipient], hereby certify that the terms of this Honorarium are fully understood by me and the information below is correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN or ITIN

\_\_\_\_\_  
Contact email

\_\_\_\_\_  
Contact phone number

1. Are you a U.S. citizen or permanent resident    \_\_yes    \_\_no; if no please proceed to question 2 and 3
2. In the previous 6 months have you received honoraria payments and associated expenses from more than five institutions?    \_\_yes    \_\_no
3. The honoraria payment and/or associated expense reimbursements I will receive from the University of Maryland, Baltimore are for usual activities that do not/will not last for more than nine days \_\_yes \_\_no