

## Monetary Awards Determination and Documentation Form

**Section 1: Intent of Payment**

1. Name of the Award:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is the payment specifically intended to be spent by the individual to defray the expenses of their studies, training or research and or is in any way related to their course of study? [ ]  YES [ ]  NO

**If the answer is “Yes” to the above question, the payment is classified as a scholarship and or a scholarship award and MUST be sent to Financial Aid for Disbursement.**

**Section 2: Monetary Award by University Definition**

1. Awards must result from a contractual obligation (enrolled in, entered in, participated in, etc.) with the following criteria:

[ ]  Exists prior to an individual's performance (not to be confused with work related service),

[ ]  Is based on predetermined objective standards, and (REQUIRED: attach criteria used for selection)

[ ]  Is subject to a stated maximum amount. Please list: $\_\_\_\_\_\_\_\_\_\_\_\_

 B. Award Type:

 [ ]  Service Award (Please note: Award type requires Foundation reimbursement)

 [ ]  Recognition for special achievement or other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Special Skill [ ]  Special acknowledgement [ ]  Contest [ ]  Research [ ]  Awarding Prize

 [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Recipient**

1. Name of Recipient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. USM ID (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Recipient’s Current Relationship with The University of Southern Mississippi

[ ]  USM Student: **Send to Tax Compliance (TC) Box No. 5143 with a Remittance Voucher.**

 [ ]  USM Employee: **Send to TC Box No. 5143 with a Single Payment Form.**

 [ ]  USM Student and USM Employee (includes GA, TA, work study, student employment). **Go to section 4.**

 [ ]  Non-USM Student and Non-USM Employee: **Send to TC Box No. 5143 with a Remittance Voucher.**

**Section 4: Employment**

For recipients who are both a USM Student and a USM Employee Recipient, is the award related to employment? [ ]  YES [ ]  NO: **Send to Tax Compliance for processing Box No. 5143**

If no, please explain how the award is not related to employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sign Name Print Name

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sign Name Print Name

**Section 5: Foundation Reimbursement**

All award payments made to USM employees that are processed through Human Resources/Student Employment require reimbursement from a USM Foundation fund.

1. USM Foundation Fund Name and No. used for reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Amount (please list the maximum reimbursement amount including applicable taxes and benefits): \_\_\_\_\_\_\_\_\_\_\_\_\_

Fund Signature Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sign Name Print Name

USMF Controller or CFO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sign Name Print Name