Preceptor Payments

Completing a Preceptor Form for Payment Processing

1) *Make sure the correct form is being submitted.*

- **Preceptor (PRCT) –** Payments to **non-employees** for supervising students in a clinical setting to allow practical experience with patients.
- Completed form with signatures is required in conjunction with a purchase order number (EP).

2) *Ensure the personal information section of the Preceptor form is filled out properly and completely.*

Purchase Order #	______________________
Banner ID Number (if known)	______________________
Payee's SSN Number if Banner ID is not known: (for tax reporting purposes)	______________________
Payee's Name:	______________________
Payee's Address:	______________________
	Street Address
	______________________
	City State Zip code
Phone number and/or email address	______________________
Payee's Signature or attach copy of signed contract	______________________

- **Purchase Order#** - Insert EP# obtained via eVA.
- **SSN or Banner ID -** This is required. A V# is required to setup a payee for payment in eVA and Banner. A SSN is required for tax reporting purposes.

  NOTE: Procurement and Payment issues a 1099-MISC form for cumulative payments of $600 or more in a calendar year.

- **Payee's Name** - Insert full, legal name as it is listed in the Banner Financial System. Do not use abbreviations or nicknames. This is part of the required three way match for payment. Nicknames often do not correlate directly to the legal name that is listed in Banner. In this situation, matching the payee to the information on the form becomes exceedingly difficult.
- **Payee's Address -** Insert home address. The address is part of the three way match for payment.
- **Phone number and/or email address -** A phone number and/or email address of the payee is imperative should any issues exist regarding payment.

- **Payee's Signature or attach copy of signed contract –** Individual must sign or the department must attach a copy of a signed contract between the individual and the department.

3) *Business Purpose/Justification*

Business Purpose/Justification: ____

(Detailed description. Do not use acronyms.) ____

Total Amount: __________ Index/Account __________

- Provide full details and documentation to support the issuance of the payment. Do not use abbreviations here. It should be assumed the person picking up this form has no understanding of the payment.
- Provide date(s) of the service in description.
- **Total Amount -** Must include total amount of payment. If only paying a certain amount of total payment must clearly indicate amount to be paid.
- **Index/Account -** Insert Banner Index and Account number the department has determined expense should be charged against.

4) *Verify the appropriate approval signatures are present for the payment to be processed.*

Department Contact: ____________________ ____________

Name Phone Number

Requestor Signature: ____

Signature Printed Name/Title Date

Fiscal Administrator Signature: ____

Signature Printed Name/Title Date

Dean or Designee Signature: ____

(Required for amounts exceeding $2,000) Signature Printed Name/Title Date

- **Department Contact -** This should be contact information for the person who prepared the form and who can answer questions regarding the reimbursement, should any exist. A phone number is imperative.
- **Requestor Signature -** This should be the individual within the department requesting the payment. The requestor should sign, print their name and title, and date the request.
- **Fiscal Administrator Signature -** Department approver must sign, print their name and title, and date the request.
- **Dean or Dean Designee Signature -** Required for payments exceeding $2,000. Must sign, print their name and title, and date the form.