



### FUND DISBURSEMENT/REIMBURSEMENT REQUEST

<b>Pay to the order of</b>	
<b>Address</b>	
<b>Payee Telephone No.</b>	

NOTE: Due to federal regulations, HJF cannot reimburse federal employees.

Please check this box if the Payee is an HJF employee.

HJF Project Number						HQ Use Only
Amount	Project	-	Task	-	Award	GL Account
	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

0.00 **Total** Enter currency here (if **NOT** \$USD)

<p><b>DETAILED DESCRIPTION</b> (REQUIRED)</p> <ul style="list-style-type: none"> <li>Subject to the availability of funds</li> <li>Please attach supporting documentation such as invoices, receipts, etc.</li> </ul>	
<b>SPECIAL INSTRUCTIONS</b>	

This request represents official Foundation business expense. Payment has not been/will not be received from another source. This expenditure does not preferentially benefit those individuals who are authorized to request payments. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Requestor: \_\_\_\_\_  
Signature
Print Name
Phone Number
Date

Please include your email address if you want to receive notifications regarding the progress of this request: Email: \_\_\_\_\_  
If handwritten, please print clearly

Concurrence: \_\_\_\_\_  
Principal Investigator/Project Coordinator
Print Name
Phone Number
Date

\* If requestor is Principal Investigator or Project Coordinator, no concurrence is required unless the payee is the requestor.

## SPECIFIC GUIDELINES FOR USE OF HJF FORM 334

Most expenditures of HJF administered funds should be accomplished by entering a requisition in HJF's procurement system (Oracle EBS iProcurement) as opposed to submitting HJF's Form 334. This applies to ordering supplies and equipment, as well as paying for any recurring expenses, including FedEx shipping and ongoing services such as cleaning, maintenance and consulting services. Any recurring item and all one-time transactions exceeding \$500 should begin as a requisition.

Under limited circumstances, transactions can be processed via HJF's Fund Disbursement/Reimbursement Form 334. These circumstances should be confined to low dollar (under \$500) payment where a requisition, purchase order or contract is not feasible.

Under no circumstances should disbursement requests exceeding \$10,000 be initiated with the expectation that the vendor will be paid via HJF's Disbursement/Reimbursement Form 334.

Invoices must be made out to "Henry M. Jackson Foundation for the Advancement of Military Medicine." New vendors must obtain IRS form W-9/W-8.

The following transactions **may** be processed via the HJF Form 334:

- Non-recurring services, supplies or equipment under \$500
- Corporate credit card payments
- Subscriptions in HJF's name
- Meeting registration fees
- Speaker fees paid from a grant or cooperative agreement

The following items **should not** be processed for payment on Form 334:

- POV Mileage (use HJF Internet Expenses or HJF Form 322 - Travel Expense Report)
- Facility rent
- Supplies or Equipment over \$500
- Subcontracts
- Consultants
- Payments to agencies for temporary personnel
- Recurring payments for supplies, service contracts: shipping, cleaning services, maintenance, etc.
- Meeting expenses such as payments to hotels and caterers
- Cash awards to HJF employees (use HJF Form 230 – Award Request)
- HJF reimbursement requests for transactions exceeding \$500, including supplies or equipment.

DO NOT SUBMIT a Form 334 for payments to vendors exceeding \$10,000. **FAILURE TO FOLLOW PROPER PROCUREMENT PRACTICES CAN RESULT IN FUTURE FUND RESTRICTIONS AND/OR DISCIPLINARY ACTION.** For actions over \$500, include a full explanation as to why the procurement was not handled with a requisition and what corrective action will be taken to avoid this situation in the future. Unallowable expenses may become the individual's responsibility.

Questions regarding appropriate use of HJF Form 334 should be directed to HJF's Accounts Payable Office at 240-694-4032.

**Please return completed form to the Accounts Payable Department, Email: [AP-docs@hjf.org](mailto:AP-docs@hjf.org)**

By submitting this form you acknowledge HJF's Privacy Notice: <https://www.hjf.org/resources/privacy-notice/>