Clear Form

☐ Check if you don't want Direct Deposit.

☐ Received Cash Advance from Business Office

☐ Call When Check is ready:

_____ Ext: _____

☐ Send check via campus mail to:

_____ Dept: _____

Vendor Number	Voucher Number

REQUEST FOR PAYMENT

DATE: _____

Please issue a check to: _____

Address: _____

_____

_____

College Employee ?

Yes ☐ No ☐

☐ As an Advance for: _____

Advances must be accounted for within 10 days after expenditure.Advances not accounted for within 120 days will be deducted from your paycheck.

☐ For reimbursement of expenditures incurred in the conduct of official business.
Please attach all receipts, bills, vouchers, etc. Description:

_____

☐ For an individual (may NOT be a College employee) *OR* ☐ unincorporated business performing the following services:
Address MUST appear above.

Attach an invoice, notice of lecture, or other relevant documentation for the following:

☐ Lecture Fees/Honoraria ☐ Consulting Fees ☐ Other Services

Social Security Number: _____ Individual (format 123-34-6789)
or
Taxpayer ID Number _____ Business (format 12-3456789)
or
Non-U.S. Citizen _____ (Country)

A 1099 Form will be issued in compliance with IRS regulations.

☐ Other - Explain: _____

_____

_____

APPROVING SIGNATURE: **DEPT.**

Fund	Org	Account	Activity	Amount
		TOTAL DUE:		0.00

<u>Staple</u> receipts or other documentation to be retained by the Business Office to the back of this form; <u>paper clip</u> items to be sent along with the check to the back of this form