

- Check if you do not want direct deposit
- Received cash advance from Business Office
- Send student's check to home address, not via campus mail

Vendor Number

Voucher Number

## REQUEST FOR PAYMENT

**PAYEE:**

**Date:**

**ADDRESS:**

**College Employee ?**

- Yes       No

As an Advance for:

- 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 an incorporated business performing the following services:  
Address MUST appear above.

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Lecture Fees/Honorarium  | <input type="checkbox"/> Consulting Fees | <input type="checkbox"/> Other Services |
| Social Security Number: or <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |  | Individual (format 123-34-6789)         |
| Taxpayer ID Number: or <div style="border: 1px solid black; width: 150px; height: 20px;"></div>     |  | Business (format 12-3456789)            |
| Non-U.S. Citizen: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>          |  | (Country)                               |

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

Other - Explain

APPROVING SIGNATURE: \_\_\_\_\_ DEPT.

| Fund  | Org   | Account   | Activity  | Amount  |
|---|---|---|---|---|
| <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
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TOTAL DUE:

Staple receipts or other documentation to be retained by the Business Office to the back of this form: paper clip items to be sent along with the check to the back of this form.