

- 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 <input style="width: 150px;" type="text"/> | | Individual (format 123-34-6789) |
| Taxpayer ID Number: or <input style="width: 150px;" type="text"/> | | Business (format 12-3456789) |
| Non-U.S. Citizen: <input style="width: 150px;" type="text"/> | | (Country) |

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

 Other - Explain
APPROVING SIGNATURE: _____ **DEPT.**

<u>Fund</u>	<u>Org</u>	<u>Account</u>	<u>Activity</u>	<u>Amount</u>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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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.