

WIRE

Controller's Office Request for Payment

VOUCHER#	V		
WIRE DATE			
WIRE CHECK	# W		

COLLEGE & CONSERVATORI			-			
Date of Request						
Payee T# or Vendor ID (required unless new payee)			EIN # / las	t for of SS #		
Include a W-9 for new payees/ve	endors. As per IRS, sole p	roprietors and	DBA's are to pro	ovide SSN when requ	esting payment.	
US Citizen? Yes No	If not a US Citizen contact Human Resources; other information may be required. (Human Resources approval is required before payment can be processed.)					
Payee Name	•					
Address Line 1						
Address Line 2						
City/State/Zip			Country			
			Payment	Check One Box		
Requestor's Name			to Payee by	Check		
Campus Address			to payee w/ei ure must be included			
Campus Phone #			Pick up check at Controller's Office			
Business Purpose			Index	Account	Amount USD	
				Total Amoun	t	
Requestor's Signature (with budgetary responsibility)						
Printed Name	Date	Print	ed Name		Date	
Down out you gote should be subjected to	ecounts navable with the		Controller's Use Only:			
Payment requests should be submitted to accounts payable with the proper documentation attached to avoid unnecessary delays.		□ wg	☐ W9 Scanned Entered by:			
Requisitions with missing backup will be r	eturnea for follow up.	□ ws	on file		Approved:	