

Controller's Office Request for Payment

REQUIRED EMPTY SPACE

Date of Request			
Payee T# or Vendor ID (required unless new payee)		EIN # / last for of SS #	
<i>Include a W-9 for new payees/vendors. As per IRS, sole proprietors and DBA's are to provide SSN when requesting payment.</i>			
US Citizen? Yes No	<i>If not a US Citizen contact Human Resources; other information may be required. (Human Resources approval is required before payment can be processed.)</i>		
Payee Name			
Address Line 1			
Address Line 2			
City/State/Zip		Country	
	Payment Handling		Check One Box
Requestor's Name	Send to Payee		
Campus Address	Send to payee/enclosure <i>(enclosure must be included)</i>		
Campus Phone #	Pick up check at Controller's Office		
Business Purpose	Index	Account	Amount USD
Total Amount			

Requestor's Signature

Authorizing Signature (with budgetary responsibility)

Printed Name Date

Printed Name Date

Payment requests should be submitted to accounts payable with the proper documentation attached to avoid unnecessary delays.
Requisitions with missing backup will be returned for follow up.

Controller's Use Only:

<input type="checkbox"/> W9 Scanned	Entered by: _____
<input type="checkbox"/> W9 on file	Approved: _____