



## REQUEST FOR NON-INVOICE PAYMENT

Each section **must** be completed in order to process check request. Supporting documentation (i.e. receipts, order forms, contracts) **must** be attached. **Submission deadline: Monday noon, for Thursday 8:30 a.m. pick-up**

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1. Payable To: \_\_\_\_\_  
(Please use **full name** of company or individual, **no abbreviations or acronyms**)

2a. Is request for an employee or student  Y or  N  
If **YES**, please provide the University ID number:

9 \_\_\_\_\_

22b. If requesting payment for a **non-employee/student or company** full address must be provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Amount: \_\_\_\_\_

4. Account Number: \_\_\_\_\_  
(index) (fund) (org)  
\_\_\_\_\_  
(account) (prog)

5. Purpose: \_\_\_\_\_

If purpose is a service to the University (i.e. honorarium, stipend, performance, lecture etc.) **and** payee is **not** a student or employee then sections "52 and 5b" must be completed; if not **skip to 6**.

5a). If payment is for a non-employee guest, is this individual a U.S. Citizen or a U.S. Permanent Resident?

Yes  No

If no, what type of Visa will this individual hold upon arrival? \_\_\_\_\_

5b.) Does non-employee guest have a U.S. Social Security or ITIN number?  Yes  No

Check if **W-9** or **W-8BEN** (for International guests only) is attached.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cannot be the same person as payee)

6. Please print authorized name \_\_\_\_\_

All checks, except for those issued to employees or students, will automatically be mailed.

*If any copies of attachments need to be sent to payee, please include copy.*