

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 attach@ubmission deadline: Monday noon, for 5 I V S:Tdap.m. pick-up

Payable To: (Please usfell name of company or individual,	no abbreviations or acronyms)
	2b. If requesting payment for a non-employee/student or companyfull address must be provided:
9	
Amount:	
Account Number: @ @ @ @ @ @ @ @ @ @ @ @ (fund)) (org)
@ @ @	0 0 0 0 0 0 0 0
5. Purpose:	
Check if W-9or W-8BEN (for International guest	Yes No ts only) is attached.
Authorized Signature:(Cannot be the same pe	Date: