

**Controller's Office Request for Payment
STUDENT ORGANIZATIONS ONLY**

REQUIRED EMPTY SPACE

Date of Request			
Payee T# or Vendor ID <small>(required unless new payee)</small>			Last four numbers of SSN
<i>Include a W-9 for new payees/vendors. As per IRS, sole proprietors and D/B/As are to provide SSN when requesting payment.</i>			
US Citizen? Y/N		<i>If not a US Citizen, call Human Resources; other information may be required. (Human Resources approval is required before payment can be processed.)</i>	
Paid through payroll in same calendar year? Y/N			
Payee Name			
Address Line 1			
Address Line 2			
City	State	Zip	
	Payment Handling		Check One Box
Requestor's Name	Send to Payee		
Campus email	Send to payee w/enclosure <i>(enclosure must be included)</i>		
Phone #	Pick up check at Controller's Office		
<i>Business Purpose (include Travel Expense Report for travel reimbursement)</i>	Index	Account	Amount USD
Amount to be Paid			

Approval Signatures and Date (All are required)

Advisor Date Signed

Organization Treasurer Date Signed

SFC Treasurer Date Signed

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.

<i>Controller's Use Only:</i>	
<input type="checkbox"/> W9 Scanned	Entered by: _____
<input type="checkbox"/> W9 on file	Approved: _____