

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		<b><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></b>	
Payee Name			
Address Line 1			
Address Line 2			
City/State/Zip			Country
		<b><i>Payment Handling</i></b>	<b><i>Check One Box</i></b>
Requestor's Name		Send to Payee by	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Check
Campus Address		Send to payee w/enclosure <i>(enclosure must be included)</i>	
Campus Phone #		Pick up check at Controller's Office	
Business Purpose		Index	Account
			Amount USD
			Total Amount

**Approval Signatures and Date (All are required)**

\_\_\_\_\_ Date Signed

Advisor

\_\_\_\_\_ Date Signed

SFC Treasurer

\_\_\_\_\_ Date Signed

Organization Treasurer

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