



REQUEST FOR PAYMENT

Invoice No: _____
Date _____

Check Payable to
Legal Name: _____

Address: _____

_____ ZIP: _____

ID No. _____

Is person a U.S. Citizen or Permanent Resident Alien?
 Yes or No - If no Visa Status required _____

Charge to Account No.	UPDATE 1099	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Explanation of Payment _____

Check Payment Date _____ Requested by _____
Approved by _____

Check Routing Instructions _____

All information is required for processing payment
W-9 form must accompany this request or be received prior to payment
DO NOT INCLUDE ANY REQUESTS FOR REIMBURSEMENT ON THIS FORM
USE AN EMU EXPENSE REPORT FOR EXPENSE REIMBURSEMENT