



PAYMENT REQUEST FORM
Foreign National

Date _____

Department: _____

Send completed form to Financial Services 113

Contact Name: _____

CONTACT
PHONE # _____

Fund	Organization	Account	Program	Activity*	Location*	\$ Amount

DATE PAYMENT CHECK NEEDED

* The activity and Location code will not be used at this time.

Financial Services Use only

Banner Document # _____ Approval & Date _____

SPECIAL INSTRUCTIONS

QUANTITY	DESCRIPTION	PRICE PER UNIT	TOTAL COST
	FOREIGN NATIONAL TAX INFORMATION <i>For Departments-please answer-forward to Payroll</i> ☐ Scholarship ☐ Independent Contractor <i>For Payroll</i> Do Not Tax ☐ Resident Alien --1099? Y N ☐ Non-Resident/Tax Treaty (Ctry) _____ Tax ☐ 30% ☐ 14% or .. ☐ "Gross up" tax <i>For Accounts Payable</i> _____ \$ _____ Expense _____ \$ _____ Expense _____ \$ _____ Expense FUND ORG ACC PROG \$ _____ Tax A02000 73431 \$ _____ Tax A02000 73414 \$ _____ Tax ☐ 1042s - Comm: FN012 FN015 FN016 FN020 None \$ _____ Check Amt APPROVED _____ DATE _____		

COMPLETE VENDOR NAME AND ADDRESS INCLUDING ZIP

(SIGNATURE OF PERSON MAKING REQUISITION)

(APPROVING SIGNATURE OF DEPARTMENT HEAD)