

Request for Payment

SUPPLIER NUMBER	CM	VOUCHER NUMBER

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Is the payment to or on the behalf of a U.S. citizen or permanent resident?
 _____ Yes _____ No
 If no, the actual beneficiary of the payment must complete an Alien Information Collection Form and Form W-8. These forms must be attached to this Request for Payment.

Country of Citizenship

 U.S. Social Security Number

Date _____
 College _____
 Department _____

TILLC Employee? Yes No

INVOICE DATE	INVOICE NUMBER	INVOICE OR CHECK AMT	PURPOSE OF REQUEST:	DUE DATE	PAY A	DISC AMT	HOLD	PAY GRP	1099
TOTAL AMOUNT REQUESTED:									

TOTAL TAXES WITHHELD:	
NET AMOUNT OF CHECK:	
TITO APPROVAL:	
VISA:	CC:
ERS:	RT:
Check appropriate line	
1042	8233
1099	TR
IC	EC

TYPE OF PAYMENT:	
WIRE: <input type="checkbox"/> <i>(attach the Wire Transfer Form)</i>	CHECK: <input type="checkbox"/>
CHECK LINE (IF APPROPRIATE)	CHECK REQUEST INSTRUCTIONS:
GROSS UP: ___ YES ___ NO	Check Required by: _____
___ DUES/FEES	Call Extension: _____
___ SUBSCRIPTIONS & PUBLICATIONS	Return to Dept: <input type="checkbox"/>
___ HONORARIUM	Mail Check to Payee: <input type="checkbox"/>

APPROVALS	
Requested by: _____	
ORA / GCA (if applicable): _____	
Additional Approvals: _____	