UNIVERSITY OF WASHINGTON

CHECK REQUEST
STIPENDS(Non- UW only)

ACCOUNTS PAYABLE, BOX 354967

Reason for Payment	Service Date or Period	Transaction Code
☐ Stipends (Details listed below) ☐ Other _____		**50**

Department Name	Department Contact	Department Phone
Preparer Contact	Preparer Phone	Box Number

STATUS (required)
- ☐ U.S. Citizen
- ☐ Non-Resident Alien
- ☐ Resident Alien

Privacy Act Notice: IRC Section 6109 requires most recipients for services performed to give taxpayer identification numbers to payers who must report the payments to IRS. IRS uses the numbers for identification purposes. Payers must be given the numbers whether or not recipients are required to file tax returns. Payers must generally withhold taxes from taxable payments to a payee who does not furnish a taxpayer identification number to a payer. Certain penalties also apply.

U.S. Taxpayer ID Number   1099 Type

1. Vendor/Claimant Name

2.

3. Permanent Address

4.

5a. City	State	Zip

5b. Country (Foreign)

YES NO

Is the Payee a UW Employee?

Is the Payee a UW Student?

*Is this payment for services?

If you answered 'YES' in any of the questions above, you cannot use this form to request payment

- Contact Payroll Office if payee is a UW Employee
- Contact Student Fiscal Services if payee is a UW Student
- Use P2I in Ariba to pay services by individuals
   * *Stipends are non-compensatory (non-service) income intended to support an individual's research or studies*

Check Handling Instructions
- ☐ Mail to Permanent Address
- ☐ Hold for Pick-up: Call _____
   Phone _____
- ☐ Send to: 3. c/o _____
   4. Box _____

Special Instructions

Detailed Description of Business Purpose of Expense (Required)	Quantity	Unit	Unit Price	Extended Amount
			SUBTOTAL ▶	
		LESS W/H ▶	CHECK AMOUNT ▶	

ACCOUNTING DETAIL

FUND BUDGET NUMBER	S/L	GENL LDGR			COST ACCOUNTING ONLY			L I Q	USE TAX	AMOUNT	INVOICE/ REFERENCE NUMBER	DATE PREPARED
		OBJ	SUB	SSUB	TASK	OPTN	PROJECT					
								N				
								N				
								N				
								N				
								N				

Preparer's Signature	Authorizing Official's Signature	Check Number
Date Signed	Date Approved	Check Date

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