

REQUEST FOR PAYMENT

REQUEST FOR PAYMENT

Offiversity	Date:_		Oniversity	Date):
Harrisonburg VA 228	302-2462		Harrisonburg VA 228	02-2462	
Check Payable to Legal Name:			Check Payable to Legal Name:		
Address:			Address:		
	ZIP:			ZIF):
ID No.			ID No.		
Is person a U.S. Citizen or Permanent Resident Alien?			Is person a U.S. Citizen or Permanent Resident Alien?		
☐ Yes ☐ No If no, Visa Status required			☐ Yes ☐ No If no, Visa Status required		
Charge to Account No.	UPDATE 1099	Amount	Charge to Account No.	UPDATE 1099	Amount
		\$	<u></u>		\$
		\$	<u></u>		\$
		\$			\$
Explanation of Payment			Explanation of Payment		
Check Payment Date Requested by Approved by			Check Payment Date	Requested b	у
				Approved b	у
Department Approval			Department Approval		
Division Head Approval over \$3,000			Division Head Approval over \$3,000		
Check Routing Instructions			Check Routing Instructions		
All information is required for processing payment W-9 form must accompany this request or be received prior to payment			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

DO NOT INCLUDE ANY REQUESTS FOR REIMBURSEMENT ON THIS FORM USE AN EMU EXPENSE REPORT FOR EXPENSE REIMBURSEMENT