



**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**