



Eastern Mennonite University

Harrisonburg VA 22802-2462

REQUEST FOR PAYMENT

Date: \_\_\_\_\_

Check Payable to Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP: \_\_\_\_\_

ID No. \_\_\_\_\_

Is person a U.S. Citizen or Permanent Resident Alien?

Yes  No -- If no, Visa Status required \_\_\_\_\_

Charge to Account No.	UPDATE 1099	Amount
____ - ____ - ____ - ____	_____	\$ _____
____ - ____ - ____ - ____	_____	\$ _____
____ - ____ - ____ - ____	_____	\$ _____

Explanation of Payment \_\_\_\_\_

\_\_\_\_\_

Check Payment Date \_\_\_\_\_ Requested by \_\_\_\_\_

Approved by \_\_\_\_\_

Department Approval \_\_\_\_\_

Division Head Approval over \$3,000 \_\_\_\_\_

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



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