



UNIVERSITY OF WASHINGTON
CHECK REQUEST
 ACCOUNTS PAYABLE, BOX 351130

Vendor Code

Reason for Payment <input type="checkbox"/> Reimbursement (Attachments Required) <input type="checkbox"/> Honorarium (Details listed below) <input type="checkbox"/> Other _____	Service Date or Period	Transaction Code 50
--	------------------------	-------------------------------

Department Name	Department Contact	Department Phone
Tech Contact	Tech Phone	Box Number

STATUS (required) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> 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			VENDOR'S CERTIFICATE: I hereby certify that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the University of Washington. Signature _____ Date _____
2.			
3. Permanent Address			
4.			
5a. City	State	Zip	
5b. Country (Foreign)			

Check Handling Instructions <input type="checkbox"/> Mail to Permanent Address <input type="checkbox"/> Hold for Pick-up: Call _____ Phone _____ <input type="checkbox"/> 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	S	GENL LDGR			COST ACCOUNTING ONLY			L	USE TAX	AMOUNT	INVOICE/REFERENCE NUMBER	DATE PREPARED
BUDGET NUMBER	/	OBJ	SUB	SSUB	TASK	OPTN	PROJECT	I				
								N				
								N				
								N				
								N				
								N				

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