UNIVERSITY OF WASHINGTON

CHECK REQUEST

ACCOUNTS PAYABLE, BOX 351130

RESET BUTTON

Vendor Code

Reason for Payment	Service Date or Period (start date)	Transaction Code
☐ Reimbursement (Attachments Required) ☐ Honorarium (Details listed below) ☐ Other _____		50

Department Name	Department Contact	Department Phone
Tech Contact	Tech 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**

**NOT required for expense reimbursements.

1099 Type

1. Vendor/Claimant Name

2.

3. Permanent Address

4.

5a. City | State | Zip

5b. Country (Foreign)

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 _____

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 OBJ	SUB	SSUB	COST ACCOUNTING ONLY TASK	OPTN	PROJECT	LIQ	USE TAX	AMOUNT	INVOICE/ REFERENCE NUMBER	DATE PREPARED
								N				
								N				
								N				
								N				
								N				

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