•	or Direct Payment		Docum	ent #:			
. Vendor/ Payee Information INDIVIDUAL/ PARTI		PANY ASU FACULTY OR STAFF ASU STUDENT					
Banner ID:		TIN/SSN:		(N/A for Fac	culty, Staff, and St	udents)	
Payable to:		-					
Address:							
(Non-Campus If Reimbursement)							
·							
City:			State	Zip Code	e		
. Citizenship Status- Please C	heck One		3. State of Residency				
PAYEE IS A US CITIZE	N/ CO. OR A PERMANENT RESIDEN	IT ALIEN	IN STATE PAYEE		OUT OF STATE PAYEE subject to 4% NC Withholding		
PAYEE IS A NONRESID	PENT ALIEN or FOREIGN ENTITY		NC Cert of Authority		viciniolanig		
. Type of Payment (Check	t box that applies)						
EXPENSE REIMBURSEM	ENT (ATTACH RECEIPTS)	☐ HON	IORARIUM (SUPPORTING	DOCUMENTATION)			
MEALS AND ENTERTAIN	IMENT EXPENSES	☐ WOI	RKSHOP PARTICIPANT				
INVOICE FOR (ATTACH	INVOICE)	RES	EARCH SUBJECT PAYMEN	Γ IRB#:			
PREPAYMENT (ATTACH	PRE-PAYMENT AUTHORIZATION)	CON	TRACT SERVICES (ATTAC	H COPY OF CONTRA	ACT) Contract#:_		
OTHER - PLEASE SPECIF	FY						
lease provide a descriptio	on of the payment below:						
Invoice Date Invoice#		Description		Fund	Account	Am	
1							
2							
3							
T				l	Total		
. Receiving Information					L		
MATERIALS HAVE B	EEN RECEIVED SERVICES HA	AVE BEEN COMPLE	TED				
PREPAYMENT, ATTA	ACH FORM						
. Check Distribution							
MAIL/ACH TO PAYE	E CHECK TO BE PICKED U	P BY DEPT (Appro	oved Depts Only):				
A ALL ATTACHMENT		CTIONS)					
· Authorizations (Two Si	gnatures Required SEE INSTRU	CHONS)					
Name of Requester (print) Signature			Date		email Address		
reduced (printy	Signature		Dute	phone	eman riadress		
Name of Approver (print)	Signature		Date		Department		
. Administrative Use Only					,		
BANNER ID		Addition	al Approval Req	uired by:			
				anca by.			
AC1099 _		Controller'	s Office				
DUE DATE:		Other					
TAX ID		Other					
		Other					