

# University of Pennsylvania

## Individual Disbursement Services Group Request for Payment/Reimbursements Other than Travel

VENDOR NUMBER :   
 PENN ID :

DATE PREPARED \_\_\_\_\_

{New Vendors Must Attach W-9 and Other Corresponding Documentation as Required by Policy}

WILL CALL   
 IMMEDIATE ATTACHMENT

<i>Payee Designations and Required Supporting Documentation</i>	
<p style="text-align: center;"><b>US Citizen</b></p> <p><b>Faculty/Staff</b> <input type="checkbox"/> Last Four Digits of SS# _____</p> <p><b>Student</b> <input type="checkbox"/> Last Four Digits of SS# _____</p> <p><b>Other</b> <input type="checkbox"/> Last Four Digits of SS/TIN# _____</p> <p><input type="checkbox"/> Check here if non-employee is a Government Official</p>	<p style="text-align: center;"><b>Non-Resident Alien*</b></p> <p><small>*Non-US Citizens must attached Foreign National Information Form, Copy of Passport, VISA and I-94 Card</small></p> <p><input type="checkbox"/> Last Four Digits of SS# _____</p> <p><input type="checkbox"/> Last Four Digits of SS# _____</p> <p><input type="checkbox"/> Last Four Digits of SS/TIN# _____</p>

PAYEE NAME (Individual): \_\_\_\_\_  
 LAST NAME FIRST NAME M.I.

PAYEE NAME (Corporation): \_\_\_\_\_

PAYSITE: (If Applicable) \_\_\_\_\_

ADDRESS-1: \_\_\_\_\_

ADDRESS-2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Line #	INV. DATE (DD-MMM-YR)	INVOICE NUMBER	AMOUNT	26 DIGIT-ACCOUNT NUMBER(# of digits in category)						
				CNAC(3)	ORG(4)	BC(1)	FUND(6)	OBJ(4)	PROG(4)	CREF(4)
1										
2										
3										
4										
5	Tax Deducted Amount (Corporate Tax Use Only)									
<b>TOTAL AMOUNT:</b>									IDS Use	

Business Purpose for Payment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>PLEASE DELIVER COMPLETED FORMS TO: IDS-310 FRANKLIN BLD, 3451 WALNUT ST., PHILA, PA 19104</b>			
<b>APPROVALS SECTION</b>			
<b>EMBOSSSED IDENTIFICATION</b>		SIGNATURE OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER	
		TYPE NAME OF TRANSACTION AUTHORIZATION CARD (TAC) HOLDER	
		ADDITIONAL APPROVAL SIGNATURES (IF NECESSARY - SIGN & TYPE)	
DEPARTMENT NAME	ORG CODE	MAIL CODE	TELEPHONE
<b>TAC HOLDER RESPONSIBILITIES - SIGNATURE OF THE TAC HOLDER INDICATES THAT THIS PAYMENT REQUEST IS IN COMPLIANCE WITH UNIVERSITY POLICY, IS AUTHORIZED FOR THE ACCOUNT BEING CHARGED, AND IS ACCURATE AND COMPLETE WITH REGARDS TO THE 26 DIGIT ACCOUNT CODE AND REQUIRED DOCUMENTATION.</b>			