

ASWSU GLOBAL PAYMENT AUTHORIZATION

ACCOUNTS PAYABLE
 WASHINGTON STATE UNIVERSITY
 PULLMAN, WA 99164-1025
 509-335-2060

All fields **must** be complete for payment to be issued. Enter "N/A" in any nonapplicable fields.

DEPARTMENT CONTROL NUMBER		DATE PREPARED	DIRECT DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO		IMPORTANT: Subject to USC 26, the IRS requires the payer to file Form 1099-MISC on the recipient's tax return for payments that exceed \$600 in a tax year.
NAME OF RECIPIENT (Last, first, middle initial)					
STREET ADDRESS OR PO BOX					
ACTION REQUESTED: <input type="checkbox"/> BEGIN <input type="checkbox"/> END <input type="checkbox"/> OTHER (Specify in Comments.)					
CITY	STATE	ZIP CODE		DATES AUTHORIZED (Not to exceed one year)	AMOUNT AUTHORIZED
WSU ID NUMBER		DEPARTMENT NAME			COMMENTS (Include a brief description of the authorized pay.)
Is the recipient a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		VISA TYPE			
COUNTRY OF CITIZENSHIP		DATE OF BIRTH			

DISBURSEMENT PLAN											
ACCOUNT NAME	ACCOUNT CODE							STIPEND AMOUNT	PERIOD (e.g., month)	DISBURSEMENT DATE (First of month)	CONTROLLER'S OFFICE USE
	FUND	SUBF	PROG	BUDGET	PROJECT	OBJ	SUB				
REFER QUESTIONS TO:							TELEPHONE	E-MAIL ADDRESS			

The undersigned recipient hereby certifies that they understand that the requested pay does not obligate the recipient to provide services to the University or to University-affiliated organizations in the past, in the future, or at present.

The undersigned administrator(s) hereby certify that they have reviewed this form and the attachments and have determined that no services are required of the recipient by the University.

RECIPIENT SIGNATURE	DATE
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APPROVING ADMINISTRATOR NAME	APPROVING ADMINISTRATOR SIGNATURE	DATE
DEAN/DIRECTOR NAME (Optional)	DEAN/DIRECTOR SIGNATURE (Optional)	DATE

WSU1506-CONTR171-0820

ROUTING: The originating department retains a copy and sends the original to Accounts Payable and copies to Financial Aid and the recipient as needed.