ASWSU GLOBAL PAYMENT AUTHORIZATION

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

DEPARTMENT CONTROL NUMBER DATE			E PREPARED		ELECTRONIC FUNDS TRANSFER			IMPORTANT: Subject to USC 26, the IRS requires the payer to file Form 1099-MISC on the recipient's tax return								
NAME OF RECIPIENT (Last, first, middle initial)										for payments that exceed \$600 in a tax year.						
STREET ADDRESS OR PO BOX										ACTION REQUESTED: BEGIN END OTHER (Specify in Comments.)						
CITY				STATE ZIP CODE				DATES AUTHORIZED (Not to exceed one year) AMOUNT AUTHO				JTHORIZED				
WSU ID NUMBER (Optional) WORKDAY SUPPLIER ID				DEPARTMENT NAME					COMMENTS (Include a brief description of the nonservice pay.)							
Is the recipient a U.S. citizen? YES NO				VISA TYPE					-							
COUNTRY OF CITIZENSHIP				DATE OF BIRTH												
						D	ISBURSEM	ENT PL	AN							
ACCOUNT NAME				SPEND		ACCOUNT C					STIPEND AMOUNT	PERIOD	DISBURSEMENT DATE		CONTROLLER'S OFFICE USE	
	COST CTR	REGION	FUND	CATEGORY	FUNCT.	GIFT	GRANT	PROG	RAM PF	ROJECT	AMOUNT	(e.g., month)	(First of month)		OFFICE USE	
REFER QUESTIONS TO:								E-MAIL ADDRESS								
The undersigned recipient requested pay does not ob	ligate the reci	pient to pro	vide servic	es to the	_		ed administrator(s quired of the recip			y have rev	viewed this form a	and the attachme	nts and have	determined	that no	
University or to University-affiliated organizations in the past, in the future, or at present.						APPROVING A		APPROVING ADMINISTRATOR SIGNATURE DATE					DATE			
RECIPIENT SIGNATURE	DATE		DEAN/DIRECT	OR NAME (Optic		DE	DEAN/DIRECTOR SIGNATURE (Optional) DATE			DATE						