ASWSU PAYMENT AUTHORIZATION

WASHINGTON STATE UNIVERSITY
ASWSU
COMPTON UNION BLDG. 320
509-335-9591

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

NAME OF RECIPIENT (First, MI, Last)			TELEPHONE	IMPORTANT: Subject to USC 26, the IRS requires the payer to file Form 1099-MISC with the IRS for payments that exceed $2,000 in a tax year.	
ADDRESS				DATES AUTHORIZED (Not to exceed one year)	AMOUNT AUTHORIZED
CITY	STATE	ZIP CODE	E-MAIL	DEPARTMENT NAME	
Is the recipient a U.S. Citizen? ☐ Yes ☐ No			WORKDAY SUPPLIER ID	ACTION REQUESTED (optional)	DEPT. CONTROL NO. (optional)
VISA TYPE (F1, J1, etc.)	COUNTRY OF ORIGIN		DATE OF BIRTH	DEPARTMENT CONTACT NAME	
A nonresident will be charged a 0%, 14%, or 30% tax withholding per their current visa status. Please review the supplier account before payment is submitted. Tax documentation may be needed for account.				DEPARTMENT CONTACT TELEPHONE OR E-MAIL	
Is the recipient a current WSU student at time of payment? ☐ Yes ☐ No					
Electronic Funds Transfer: ☐ Yes ☐ No →				If yes, does the supplier have the required documentation? ☐ Yes ☐ No	

DISBURSEMENT PLAN

DESCRIPTION	ACCOUNT WORKTAGS						# PIECES	RATE PER PIECE	AMOUNT	PERIOD (e.g., month)	DISBURSEMENT DATE (first of month)
	Program	Cost Center	Fund	Function	Spend Category	Region					
					SC00395						
					SC00395						
					SC00395						
					SC00395						
					SC00395						
					SC00395						
								TOTAL PAYMENT			

JUSTIFICATION (include a brief description of the purpose for this payment request)

CERTIFICATIONS

The undersigned cost center manager hereby certifies that they have reviewed this form and the attachments and have determined that no services are required by the University.	COST CENTER MANAGER NAME	COST CENTER MANAGER SIGNATURE	DATE
The undersigned recipient hereby certifies that they understand that the requested pay does not obligate the recipient to provide services to the affiliated organizations in the past, in the future, or at present.	RECIPIENT NAME	RECIPIENT SIGNATURE	DATE

ROUTING: Originating department retains a copy, distributes a copy to Financial Aid (if applicable), and uploads to Workday as proof of expense.