ASWSU PAYMENT AUTHORIZATION

PAYMENT SERVICES
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	ELECTRONIC FUNDS TRANSFER ☐ YES ☐ NO
NAME OF RECIPIENT (Last, first, middle initial)		

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.

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 AUTHORIZED

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	

DISBURSEMENT PLAN

ACCOUNT NAME	ACCOUNT CODE									STIPEND AMOUNT	PERIOD (e.g., month)	DISBURSEMENT DATE (First of month)	CONTROLLER'S OFFICE USE
	COST CTR	REGION	FUND	SPEND CATEGORY	FUNCT.	GIFT	GRANT	PROGRAM	PROJECT				

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.

RECIPIENT SIGNATURE	DATE

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.

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

WSU1504-CONTR169-1121

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