

PAYMENT REQUEST FORM

Updated: 2022-10-05 jy

PAYEE'S INFORMATION	
<i>(e.g., Guest Speaker / Visitor for a Class, Department Speaker, Visiting Artist, Student Award Recipient, etc.)</i>	
Preferred First Name:	
Legal First Name:	
Legal Last Name:	
Personal Non-work Phone:	
Personal Non-work Email: <small>to which mandatory IC Payment Registration Request will be sent to.</small>	
Home Mailing Address: <small>to which payment check will be sent to.</small> [] This is a new address.	
Authorized to work in the United States?	Please hand-sign and submit completed W-9 , "Request Tax Payer Identification Number and Certification" IRS Form. ----- Indicate <i>same</i> address on your W-9 as indicated on this form.
Foreign Nationals, <i>please submit the following:</i>	a) W-8BEN , "Certificate of Foreign Status of Beneficial Owner for US Tax Withholding" b) If needed to process payment, additional documentation may be requested later by Ithaca College's Office of Business and Finance (e.g., copy of passport, visa, etc.).
TO BE COMPLETED BY SPONSORING FACULTY MEMBER	
Dept, Program, or Subject Area: <small>(circle as appropriate)</small>	Anthropology Art, Art History, or Architecture Other: -----
First Name of Sponsoring Faculty:	
Last Name of Sponsoring Faculty:	
Course No:	
Course Title:	
Date(s) of Visit: [] In-Person [] Virtual	
Visitor's Lecture Title or Topic:	
Reason for Visit or Payment: <small>(e.g., Guest Speaker/Lecturer, Visiting Artist, Student Award Recipient, etc.)</small>	<small>Reminder: If Guest Speaker or Guest Visitor, signed contract letter is required for payment per Ithaca College policy.</small>
Total Amount to be Paid in USD: <small>Complete Expense Breakdown on reverse side.</small>	
Funding Source:	{ Please see reverse side of this document }
Account No.: <small>(If Department, Admin Asst will fill in).</small>	----- .00.00.00
Signature of Sponsoring Faculty:	
Signature of Department Chair:	

***** Faculty to return completed form to their Administrative Assistant. *****

Funding Sources:

Name of Sponsoring IC Dept / Division	Name of Contact at Sponsoring IC Dept / Division	Name of Admin Asst of Sponsoring IC Dept / Division	Support Amount \$ to be transferred to Anthropology / AAHA 01.01.01.23 __. ____ .0000.00000.00.00.00 <i>(Ask Admin Asst for exact Acct No)</i>
			\$
			\$
			\$
			\$
Total Anticipated Funding			\$

Expense Breakdown:

	Anticipated	Actual
Airfare	\$	\$
Rental Vehicle	\$	\$
Personal Vehicle (# miles x current IRS mileage rate) <i>[IC Policy = 180 miles maximum reimbursement and gas for a personal vehicle is not eligible for reimbursement].</i>	\$	\$
Parking / Tolls	\$	\$
Ground Transportation	\$	\$
Hotel (Note: Some hotels have free airport pickup/drop-off)	\$	\$
Meals	\$	\$
Honorarium (W-8BEN or W-9 required; taxable salary)	\$	\$
Campus & Event Services	\$	\$
Other:	\$	\$
Other:	\$	\$
Total Expenses	\$	\$