



University of the Incarnate Word

Payment Request Form

PO #	Final Payment Y____ N____	Date Due	Invoice Number	Invoice Date / Service Date(s)
PIDM / Vendor ID #		Attach W9 if new supplier/payee or changes to record are needed.		
Payee Legal Name (Include full first and last name)		DBA (if applicable)		Country (If Foreign)
Mailing Address			Special Handling Instructions: <i>Payment will be made via direct deposit if account information is on file, otherwise a check will be mailed. If special handling is required, indicate below.</i> ACH Wire Transfer (foreign vendors only) Mail check with Attachments Hold check for Pick-up Business Reason for pick up: <div></div> Call Ext. _____	
City	State	Zip		
Payee Phone:	Payee Email:			
Requester Name		Requester Phone		
Requester Email				
Business Purpose: (Describe how this expense provides a business benefit to the University)				

Attach adequate support for payment (e.g. reimbursements require proof of payment) *if amount requested is over \$1,000 a PO must be obtained.

Payments to individuals: U.S. Citizen/Permanent Resident YES Independent Contractor Determination email from HR required
• If YES, continue to next section
• If NO NO
◦ Non-UIW affiliated persons/individuals without an UIW ID Number must provide Form W-8BEN with supporting documentation and/or Independent Contractor Determination email from HR (if applicable)

Payments to non-individuals: U.S. Entity YES NO
• If YES, continue to next section
• If NO, attach applicable form W-8BEN-E with supporting documentation to the A/P Payment Request Form.

DISTRIBUTION (Only needed if there is no PO)

Description (appears in GL detail)	Amount	(F)UND (5)	(O)RGN (4)	(A)CCT (4)	(P)ROG (4/5)	
Total Payment Amount						

Approvals/Acknowledgment

Request must be signed by an individual authorized to charge against the department budget referenced above as well as the individual that can confirm that the goods and/or services were received/performed as expected.

Typed or Printed Name (Requester)	Signature	Title	Date
Typed or Printed Name (Budget Approver)	Signature	Title	Date
Typed or Printed Name (Agency/Office/Department) * D	Signature	Title	Date