

ASSOCIATED STUDENT ACTIVITIES

1099 REQUEST FORM (Payment for Services)

For Individuals and Non-Incorporated Companies

Date: _____

Payee: _____

Is Payee a PSU Employee: Yes No

PSU ID Number: _____

Permanent Home or Business Address (Print Legibly):

**This address will be used to mail Federal Income Tax Documents*

ASA USE ONLY:

ORG.# _____

TOTAL AMOUNT \$ _____

FS	AC	S	OBJ	AMOUNT
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

USL Acct #: _____

SIMBA #: _____

ASA SIMBA #: _____

_____ Contract Amount: _____

Supp Pay Amount: _____

(if applicable)

Date of Service: _____ Total Amount to be Paid: _____

Description of Service Provided: _____

Location of Service: _____

I verify the above information is correct.

_____ Date: _____

***Signature of Payee or Company Representative**

or See attached University Standard Agreement or other signed contract for signature.

ORG/ACCT # _____ ORGANIZATION: _____

Funding Source: 10-UPAC 40-Standing Allocation 30-Unrestricted

Activity Code (if applicable): _____ **Object Code:** _____

X _____

TREASURER SIGNATURE (required)

E-MAIL

X _____

***** ADVISOR / CO-SIGNING OFFICER (please circle one)**

(An advisor / co-signing officer signature is only required for applicable requests.)

MAIL (Will be mailed AFTER the service has been provided)

PICK UP (Must be submitted 15 business days prior to event)

ACH (Payee must have selected this payment option in SIMBA when registering as a vendor)

- All 1099 Requests are subject to ASA Verification
- 1099 Requests take a minimum of 20 academic days to process. Please plan accordingly!

Date received by ASA

Received By: _____