

# ASSOCIATED STUDENT ACTIVITIES

## Payment for Services Request

Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Please Select Payee Type:

Individual (NEI Required)  LLC/Non-INC Business

INC. Company (W9 Required)

**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*

\_\_\_\_\_  
\_\_\_\_\_

Date of Service/Event: \_\_\_\_\_ Total Amount to be Paid: \_\_\_\_\_

Description of Service Provided: \_\_\_\_\_

Location of Service: \_\_\_\_\_

See attached University Contract or other signed agreement for signature

OR

See attached Invoice

ORG/ACCT # \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

### Funding Source:

10-UPAC  40-Standing Allocation  30-Unrestricted

Activity Code (if applicable) \_\_\_\_\_ Object Code \_\_\_\_\_

x \_\_\_\_\_

**TREASURER SIGNATURE (required)**

**E-MAIL**

(An Advisor / Co-signing officer signature is only required for applicable requests)

### ASA USE ONLY:

ORG # \_\_\_\_\_

ASA VENDOR # \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

FS	AC	S	OBJ	AMOUNT
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-	-	-		\$
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-	-	-		\$
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USL ACCT #: 9001-30-02-0-48800 \_\_\_\_\_

ASA SIMBA #: SIMB \_\_\_\_\_

- 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: \_\_\_\_\_