

Check/Direct Deposit Request Form

Payee

Address

For Accounts Payable Use Only:

Check # _____

Amount _____

Date Paid _____

Date of Request

Payee ID #

Invoice #

Invoice Date

If payee is an Olin student, check here ⇒

If payee is an employee, check here ⇒

If payee is a vendor or consultant, then check one below:

W-9 on file ⇒ W-9 attached ⇒

If payee is a 1099 vendor, check here ⇒

Is the payee a U.S. citizen, a Permanent Resident Alien, or a U.S. Entity? Check one below:

Yes No If NO, then please contact Carol Kelley (ext. 2323) for required Alien Information Form.

Invoice Description:

(note: system limits to 24 characters here)

Account #	Account Description (function/obj code/project)	Amount
Total \$		

Additional Description: *(can add notes below for your reference only -- these notes will not be input in system)*

REQUESTOR'S SIGNATURE:

(This validates that all information provided above is correct, particularly the required tax related information.)

AUTHORIZED SIGNATURE:

(This validates that all information provided above is correct, particularly the required tax related information.)