



ACCOUNTS PAYABLE SUBJECT PAYMENT FORM

Date: _____ UAccess Financials DV# _____

This form is used to collect information from individuals receiving funds for participating in a University of Arizona research study program, and may be used *in place of* an IRS form W-9.

Fax the completed form to: **520-626-1243** (DocuWare line); keep original within department.

Study/Program number: _____

Date(s) of Service: _____

Is the Payee a U.S. Citizen? Yes No

Is the Payee a University of Arizona employee? Yes No

Is the Payee a University of Arizona student? Yes No

If Study/Program reference number is not available provide a brief description of the program:

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Payee Information:

Payee Name:			
Mailing Address:			
City, State:		Zip Code:	
Phone Number:			
Social Security Number:			
SSN is only required for tax reporting purposes if payment exceeds \$50.00			
Payee Signature:			Date:

Department Representative verifying form:

Name:	Phone #:	Signature:
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