

Payment/Reimbursement Cover Form

COE CIS FTC

Attach to: Invoices, receipts, etc.

Please Check the box below that is appropriate for the action you are requesting and include all necessary forms

- | | | |
|---|--|---|
| <input type="checkbox"/> Reimbursement (Non-travel) | <input type="checkbox"/> Direct Payment (attach invoice) | <input type="checkbox"/> Petty Cash Replenishment |
| <input type="checkbox"/> Speaker fees (to include Honorariums)* | <input type="checkbox"/> Wire Transfer (attach invoice) | <input type="checkbox"/> Awards/Prizes |

**(If visiting speaker, lecturer, etc., obtain W9 (US vendors)/W8Ben (International); fax to 607-255-9786 and shred the original.)*

Completed W9/W8-BEN has been faxed to FTC Date: _____

Requesting FTC to obtain W9/W8-BEN (see contact information below)

Payee: _____ NetID: _____

Address: _____

_____	_____	_____	_____	_____	_____	Amount: _____
<small>account number</small>	<small>sub-account</small>	<small>object code</small>	<small>sub-object</small>	<small>Project</small>	<small>org ref ID</small>	
<i>Required</i>						

_____	_____	_____	_____	_____	_____	Amount: _____
<small>account number</small>	<small>sub-account</small>	<small>object code</small>	<small>sub-object</small>	<small>Project</small>	<small>org ref ID</small>	
<i>Required</i>						

Alcohol? If Yes, provide unrestricted account:

_____	_____	_____	_____	_____	_____	Amount: _____
<small>account number</small>	<small>sub-account</small>	<small>object code</small>	<small>sub-object</small>	<small>Project</small>	<small>org ref ID</small>	
<i>Required</i>						

Business/Research Purpose:
Be specific.

Who, What, When, Where, Why:

i.e.: payment for speaker, Dr. George Smith, MIT, who presented a colloquium at the Theory Seminar on 1/15/12. (flyer attached)

If **meal** - list individual attendees or group name: staple attendance sheet for group meetings (if available) Please provide **attendees** full name and affiliation

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NOTE: please provide itemized meal receipts

Preparer: _____ NetID: _____ Date: _____
(Individual Submitting form)

Department/Unit use only
Account Authorization: _____ NetID: _____ Date: _____

Print this form and attach to credit card receipt/invoice/etc. and forward to your Department/Unit. Department/Unit will forward to FTC Representative, 484 Rhodes Hall.