

WESTERN WASHINGTON UNIVERSITY SERVICES / REIMBURSEMENT FORM

SECTION 1: ADMINISTRATIVE DATA

PLEASE CHECK THE APPROPRIATE BOX:

- | | |
|--|--|
| <input type="checkbox"/> Personal Services - (Contact Contract Administration prior to establishing Personal Service Contracts.) | <input type="checkbox"/> Check Reimbursement |
| <input type="checkbox"/> Honorarium - (Employees of the University are not eligible for Honorarium Payments.) | <input type="checkbox"/> Direct Deposit |
| | <input type="checkbox"/> Cash Reimbursement - (\$75 or under only) |

Mail Stop _____ Q # _____
 Date of Request _____
 Department _____
 Department Contact _____
 Department Phone _____ Fax _____

CHECK INFORMATION: appropriate box(es) Deliver check to: Payee Mail Address Payee Mail Stop _____ Cashier

SECTION II: COMMENTS/INSTRUCTIONS

SECTION III: PAYEE NAME AND IDENTIFICATION NUMBER

(copies of form W9 with specific instructions are available upon request from Purchasing)

WEBFORM #:

See back

W-9 Payee Name (For employees of WWU, include your W#)

Print or Type Address (Number and street)

City, state and ZIP code

Part I: Taxpayer Identification Number. For Personal Services or Honorarium enter your Taxpayer Identification Number. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. For Reimbursements, enter your W# or Social Security number.

W# / Social Security # / Employer Identification #

Part II: Exemption Claimed – For payees exempt from backup withholding (see instructions)

Requester's name and address: Western Washington University, 516 High Street, Bellingham, WA 98225-1390

SECTION IV: PERSONAL SERVICES/HONORARIUM PERIOD OF PERFORMANCE

Start Date:

Completion Date:

SECTION V: DESCRIPTION

Item	Description	Extended Price

SECTION VI: BUDGET AND ACCOUNTING INFORMATION

TOTAL

Item	%	C	Fast Indx	Fund	Origin	Acct	Prog	Actv	Locn	Proj	Total
											\$
											\$
											\$

Typed/Printed name (Authorized Person) /

Signature (Authorized Signature) /

Date /

Second Signature if Required

Additional Signature /

Date /

Additional Signature /

Date

SECTION VII: PAYEE CERTIFICATION

Under penalties of perjury, I certify that:

- For the purposes of personal service or honorarium, the number shown on this form is my correct taxpayer identification number.
- For the purposes of reimbursement, the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex or age.
- For purposes of honorarium payments, I have not received a paycheck from Western Washington University during the current calendar year.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign here: Payee Signature: _____

Date: _____

Payee Signature for receipt of cash: _____

Date: _____

Cashier Initials: _____

PURCHASING USE ONLY:

Approved by: _____

Date: _____

Contract Number: _____

Keyed by: _____

Date: _____