

<b>Last 4 SSN</b>	<b>Last name</b>	<b>First Name</b>	<b>MI</b>
XXX-XX-			
<b>Supplier # if you have it</b>	<b>Phone Number</b>	<b>Email</b>	

There are strict guidelines regarding payments to individuals. Refer to the Business Services Website for clarification of those rules. The assumption is that any individual is an employee unless they qualify for an exemption.

**I attest that the individual is eligible for a Payment to Individual Report (PIR) payment because:**

I completed the Paying People Survey and was directed to use a PIR. (Please attach survey results)

There are RARE circumstances where you may have an exception to the Payment for Services rules. If you have an exception, please note it here and provide documentation.

Other \_\_\_\_\_

Amount	Account	Fund	Dept Id	Prog.	Project	Sub-Class	Budget Year
	<b>TOTAL</b>						

Mail Check to:

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

Permanent Address if different:

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Business Services will mail checks directly to payees.** In certain circumstances, you may request to have a check sent to the department. Fill out this section **only** if it applies to you.

**Campus Check Delivery** Please send the check to:

NAME	DEPT/OFC	EXT

As the check custodian, I understand that I must pick up the check in Business Services. I am responsible for the safe keeping of this check until it is distributed. I will keep the check in a secured area and only distribute to the payee.

Signature \_\_\_\_\_ Distribution: \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_

**US Resident**  Yes  No **If no, Legal Resident of:** \_\_\_\_\_ **Visa status** \_\_\_\_\_

Dates of Service	Description of work

Preparer: <small>Print name and Sign</small>	Date:	Supplier #	Remit To #
Signature			
Dept. Chairperson/Project Director	Date	<b>Business Services Voucher Stamp Only</b>	
Signature			
Dean/Director	Date		
Business Services Signature			
Authorized Institutional Approval	Date		