

REQUEST
 PIR / Payment to Individual
 REQ / Authorization - Requisition Form
 Check in Safe
 Check Mailed
 Other Dept.
CHECK DISPOSITION**BOX #1 - ORG OFFICER FILL THIS OUT****EVENT INFORMATION**
Event Name: _____ Performance of: _____ CHECK BOX IF THIS PERSON WORKS AT ANY UNIVERSITY OF WISCONSIN CAMPUS
Location: _____ Date: ____ / ____ / ____ Time: _____
PAYMENT INFORMATION
Check payable to: _____
Address: _____ City: _____ State: _____ ZIP: _____
Total Amount: _____ Phone: _____ Email: _____
BOX #2 - CA&E FILL THIS OUT

ACCOUNT (2620)	FUND	ORG/DEPT. ID	PROGRAM	PROJECT	AMOUNT

W-9 INFO: Current & on file
 Request from Agent
 Request from Artist
 Contract Required Emailed to Performer on: ____ / ____ / ____ Sent to Business Services on: ____ / ____ / ____
 Rider Required Emailed to Agency on: ____ / ____ / ____ Sent to Business Services on: ____ / ____ / ____

ORG PRESIDENT AUTHORIZATION X _____

NOTES: _____

DATE RECEIVED


*LAST UPDATED JAN. 22, 2020

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