## I Want To Pay Someone Form

For timely payment, please submit this form a minimum of two weeks prior to the date of the service provided by the payee.

For **FOREIGN VISITORS** please see Gayle Boethling at least **2 months** prior to the visit.

Date this form was	s submitted:			
Faculty Sponsor: Payee Name: Payee email: Payee Address:			O male	female
	City:	State:	Zip: _	
If yes or don't	mployee?	no □ don't kn	I security number	
Work begin/end d	ates and times:			
Where is the mone Speedtype (if you	know it):			
Fee/Honorarium A Lodging? Airfare?	mount:			

For Office Use Only					
Vendor ID: Vendor Name:					
CU W-9  Invite payee to register through CU Marketplace.  Needed if payee is not already an active vendor ("open for ordering") in the system.					
Date payee invited to register:					
SOW/HNR/PV					
Date sent to payee:  Method sent to payee:emailmailfax  Follow up date:  Date sent to HR:  Date approved form returned from HR:  Date rejected by HR and action:					
Amount:  Reservation made by:  Hotel?  Payment Method:  Date of Payment:					