



# ILLINOIS WESLEYAN UNIVERSITY

## REQUEST FOR NON-INVOICE PAYMENT

Each section **must** be completed in order to process check request. Supporting documentation (i.e. receipts, order forms, contracts) **must** be attached. **Submission deadline: Monday noon, for Wednesday 1:00 pick-up**

1. Payable To: \_\_\_\_\_  
(Please use **full name** of company or individual, **no abbreviations or acronyms**)

2a. If requesting payment for an **employee or student** please provide his/her University ID number:

2b. If requesting payment for a **non-employee/student or company** full address must be provided:

9 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Amount: \_\_\_\_\_

4. Account Number: \_\_\_\_\_  
(index) (fund) (org)  
\_\_\_\_\_  
(acct) (prog)

5. Purpose: \_\_\_\_\_

If purpose is a service to the University (i.e. honorarium, stipend, performance, lecture etc.) **and** payee is **not** a student or employee then sections "5a" and "5b" must be completed; if not **skip to 6**.

5a). If payment is for a non-employee guest, is this individual a U.S. Citizen or a U.S. Permanent Resident?  
 Yes  No

If no, what type of Visa will this individual hold upon arrival? \_\_\_\_\_

5b). Does non-employee guest have a U.S. Social Security or ITIN number?  Yes  No

If yes, please include number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cannot be the same person as payee)

6a). Please print authorized name \_\_\_\_\_

All checks, except for those issued to employees or students, will automatically be mailed.

If **any** copies of attachments need to be sent to payee, please include copy.