



WEBER STATE UNIVERSITY
 1014 University Circle
 Ogden, UT 84408-1014
 Phone: (801) 626-6606 Fax: (801) 626-7464

Accounting Services
Invoice number: I
Check number:
Date:
Vendor Number: W

Check Request for Prize, Award, Stipend, or Honorarium (\$400 or less)

Legal Name:		Phone:	
Address:		E-mail:	
City:	State:	Zip:	
Social Security Number (SSN) - -			
U.S. Citizen: Yes <input type="checkbox"/> or No <input type="checkbox"/> (If no, contact Accounting Services before giving prize or award)			
Are you or have you been a WSU employee during the past 12 months? <input type="checkbox"/> Yes or <input type="checkbox"/> No (If yes, contact Accounting Services, you may need to use a PAR.)			
Date:		Amount: \$	
Check one: <input type="checkbox"/> Prize <input type="checkbox"/> Award <input type="checkbox"/> Stipend <input type="checkbox"/> Honorarium			
Description:			
Index (Old FRS account)	Fund	Orgn	Account (subcode)

IRS Substitute W-9: Federal law requires that we have on file a W-9 form with the **Social Security number and signature** for each individual or business to whom the University makes a non-payroll payment. Therefore we ask that you complete the following information. The IRS may impose a penalty of up to \$500.00 for non-compliance or supplying false information.

Certification - Under penalties of perjury, I certify that: **(1)** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and (2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and (3)** I am a U.S. person (including a U.S. resident alien).

SIGNATURE: _____ **Date:** _____
Individual Receiving Prize or Award

Requestor signature _____ Date _____ Approval signature _____ Date _____
 Accounting services reviewer _____ Documentation attached (if necessary)

This form must be completed each time an individual receives a prize, award, stipend or honorarium. Checks will be mailed directly to the individual unless otherwise indicated.

Send completed form to Accounting Services at MC 1014 as documentation to complete payment processing.