



*This information is necessary for IRS Form 1099-MISC. **STUDENT ATHLETES CANNOT PARTICIPATE!***

Participant's Name:

Banner ID#:

Mailing Address:

U.S Citizen? Yes Country if not U.S.:

(If not U.S. citizen, payment must be made through the Accounting Office because income tax withholding may be required.)

Title of Research Project:

Amount of Request \$:

Date Rendered	Units of Service	Rate per Unit	Description of Participation
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I certify that I participated in the above research project.

Participant's Signature _____ Date _____

I certify that the person named above participated in the above research project.

Authority's Signature _____ Date _____

Project Director or Approver's Signature _____ Date _____

Project Director or Approver's Name:

ACKNOWLEDGEMENT OF RECEIPT OF PAYMENT

To receive immediate payment, present this form to a university cash custodian such as a window teller at the Bursar's Office, the Speech and Hearing Center Business Office, or a departmental petty cash custodian; otherwise, this form must be routed to the Accounting Office and a check will be mailed to the address above.

Received by: _____ Date _____

Participant Signature

Disbursed by: _____ Date _____

Petty Cash Custodian