

Please Type or Print Legibly

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

CONTROLLER'S OFFICE

REQUEST FOR PAYMENT

U.S. CITIZEN OR RESIDENT ALIEN

U.S. CITIZEN OR RESIDENT ALIEN form with checkboxes for YES/NO and fields for VISA type and COUNTRY OF CITIZENSHIP.

Date form with fields for MO., DAY, and YEAR.

ACCOUNTING OFFICE USE ONLY section with fields for ACP ID NO and PAYEE NAME.

Purchase Order # and DATE OF SERVICE OR RECEIPT OF GOODS IF DIFFERENT THAN DATE ABOVE.

INFORMATION TO BE INSERTED ON CHECK STUB section with text: Working Group Meeting

CHARGE INFORMATION section with fields for CIS will fill out, G/L ACCOUNT, and AMOUNT.

M.I.T. EMPLOYEE section with checkboxes for YES/NO and fields for SOCIAL SECURITY OR IRS ACCOUNT NO. and ACCOUNTING OFFICE USE ONLY 1099 CODE.

COST OBJECT and TITLE section with text: CIS Working Groups

PAYEE ADDRESS section with fields for FIRST LINE OF ADDRESS OR MIT ROOM NO., SECOND LINE OF ADDRESS, CITY, THIRD LINE OF ADDRESS, STATE, FOURTH LINE OF ADDRESS, and ZIP.

*Explanation of Payment: (see A40 for usage) section with text: Attach list of attendees and receipt(s). Description of event/topic discussed below:

CHECK DISTRIBUTION section with checkbox for MAIL TO PAYEE and RETURN TO: field.

APPROVED:

Signature lines for Name (DEPT OR PROJECT), EXTENSION, PURCHASING AGENT P.O. REQUIRED, OSP, and ACCOUNTING.

*Include in explanation: description, date rendered, rate of payment.

Please send signed originals and any receipts or other documents which support this payment to: Accounts Payable, NE49-4064