ABILENE CHRISTIAN UNIVERSITY Instructions for Request for Payment

- 1 Please fill out all applicable boxes.
- 2 The requestor and supervisor must sign the form. Please print name if the signature is illegible.
- 3 If the individual / business is set up for direct deposit, this will be the automatic payment method.
- 4 If enclosures need to be mailed with the check, please choose the "Mail with the attached enclosures" option.
- 5 If the request is reportable to the IRS through form 1099, a completed W-9 must be attached. If the W-9 is on file with the Accounts Payable office, please notate on the form. Please check FTMVEND to see if the W-9 is on file. For more information on what is reportable, please see the Accounts Payable Manual.
- 6 If the payment is for non-employee compensation and is being paid to a current or recent ACU employee or the services being provided are similar to employment, please fill out the Employee vs. Independent Contractor worksheet. A fringe benefit form will be submitted to Crystal Cox in Payroll by the Accounts Payable department for determination. You will be notified if the individual should be paid through Accounts Payable or Payroll.
- 7 To view the payees student or employment status, check the GUASYST Banner form.
- 8 If the payment is to a non U.S. individual or entity, call Accounts Payable to discuss the possible tax implications.
- 9 Once the form is complete, e-mail a copy to the accounts payable office at accountspayable@groupmail.acu.edu.
- 10 If the request form is incomplete, it will be returned to the person authorizing payments.

If you have any questions, please call Accounts Payable at extension 6167.

ABILENE CHRISTIAN UNIVERSITY

Request for Payment

Please send all payment requests electronically with supporting documentation to accountspayable@acu.edu in PDF format.

		PAY	EE INFORMATION				
ate Requested:		_					
ayment/Invoice Due	Date:	E	Event Date (If Applicable	e):			
ame of Payee:				Banner ID of Payer	Banner ID of Payee:		
lailing Address:							
				<u> </u>			
ity, State, Zip:				<u> </u>			
the navee a foreign	n vendor for tax nurno	2027		Yes	No		
the payee a foreign vendor for tax purposes? Des the payee have a financial or management connection to an ACU employee?				Yes	No		
the payee currently an ACU employee?				Yes	No No		
the payee a currently enrolled ACU student?				Yes	No No		
the payee an international individual or company?				Yes	No		
			AYMENT METHOD				
the payee is set up	•	s will be the automatic pay	yment method. For all	others, the check will be	mailed to the addres	ss on this	
IIII uilless otherwise	e indicated below.	Mail with the attached one	placurae				
Mail with the attached enclosures Pick up check: Call					at extension		
		Tick up check. Call			at extension		
	ard, or Prize 🗆 Medical ription & Purpose:	I Expenses □ Attorney Fee	s □ Royalty □ Sponso	orship □ Membership □	Donation ☐ Campus	Utilities	
Index	Fund	Organization	Account	Program	Activity	Amount	
		·					
Check if W-9 is on file in the AP office (for 1099 payments only)					Total Amount =	\$0.00	
		AUTHO	ORIZED SIGNATURES	i			
Requestor	's Signature:						
		Department:			Extension:		
Supervisor	r's Signature:						
		Department:			Extension:		

^{*}Please note that all travel should be recorded on a Guest & Student Travel Expense Report. All employee travel is processed through Concur for payment.

^{**}Payments for Non Resident Aliens may be subject to taxation. Please contact our office prior to payment. Foreign payees may prefer payment by wire.