



Check Request Expense Reimbursement Form

PAYEE INFORMATION

Date Requested: _____

1099 W-9 Submitted (first time payment only) to accountspayable@naz.edu

Non-US Citizen

Payee Name: _____

(Submit non-resident alien form with this check request)

Street Address: _____

City, State, Zip: _____

Payee Email: _____ Payee Phone: _____ ** Phone number required for vendor payments*

Faculty/Staff

Other Payee

Mail Check

Enter banking information for direct deposit (E-Check) at [NazNet Self Serve](#)

Forward to: _____

PAYMENT INFORMATION

Total Amount: _____

Department: _____ Account No: _____ Amount: _____

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Department: _____ Account No: _____ Amount: _____

Explanation: _____

IMPORTANT: Original receipts or other supporting documentation to verify the amount requested are required to process payment.

APPROVER INFORMATION

Requestor Name (print): _____ Phone Extension: _____

Requestor Signature: _____ Date: _____

Department Head Name (print): _____ Phone Extension: _____

Department Head Signature: _____ Date: _____

CONTROLLER'S OFFICE USE ONLY

Check Payments

Students Payments - ACH

Faculty/Staff Payments - ACH

AP Type 01

AP Type 05 NOT Taxable

AP Type 03

AP Type 01 1099 NEC

AP Type 05 1099 NEC

AP Type 03 1099 NEC

AP Type 01 1099 MISC PRZ

AP Type 05 1099 MISC PRZ

AP Type 0022