



Information Form for Payments to Nonresident Alien Providing Independent Personal Services

**** This form must be submitted to the Accounts Payable Office with a completed check request form****

DATE

PART I: PAYEE GENERAL INFORMATION:

LAST/FAMILY NAME	FIRST NAME	MIDDLE NAME
U.S. FEDERAL ID # (I.E. SOCIAL SECURITY # OR TAXPAYER ID #):		

PART II: FOREIGN RESIDENCE ADDRESS:

ADDRESS LINE 1:		
ADDRESS LINE 2:		
CITY:	STATE: (IF ANY)	
COUNTRY:	POSTAL CODE:	

PART III: U.S. LOCAL ADDRESS: (IF ANY)

ADDRESS LINE 1:		
ADDRESS LINE 2:		
CITY:	STATE:	ZIP:

PART IV: PAYMENT INFORMATION:

TOTAL AMOUNT:	
DEPARTMENT:	ACCOUNT NUMBER:
DEPARTMENT:	ACCOUNT NUMBER:
EXPLANATION:	