

### STUDENT INFORMATION

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**TYPE OF PAYMENT (Select One)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Student Awards        | <input type="checkbox"/> Purchase of Goods/Services from Student  | <input type="checkbox"/> SPARK Grant<br><i>(Student Signature Required Below)</i> |
| <input type="checkbox"/> Student Reimbursement | <input type="checkbox"/> University Support for Student Expenses<br><i>(Student Signature Required Below)</i> |   |

**IMPORTANT: According to current tax laws, there may be tax implications related to the payment you will be receiving.**

**By law, Nazareth University must report to the Internal Revenue Service the value of certain types of support or payments you receive over the period of a calendar year. By signing and dating this form, you affirm your understanding of the tax information above and you assert that you have received a copy for your records. You will receive any applicable tax forms from the university at the end of the calendar year.**

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Is the student an employee of the college?**

**Yes** Submit this form to Payroll for processing

**No** Submit this form to Accounts Payable for processing

1099 (Taxable student support, awards, purchase of services)

### PAYMENT INFORMATION

Total Amount: \_\_\_\_\_  Mail Check

Account No: \_\_\_\_\_ Amount: \_\_\_\_\_  Forward to: \_\_\_\_\_

Account No: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### APPROVER INFORMATION

Check to confirm a copy of this form has been sent to Financial Aid (if applicable)

Requestor Name (print): \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Name (print): \_\_\_\_\_ Phone Extension: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONTROLLER'S OFFICE USE ONLY

Controller/Director of Accounts Payable & Payroll: \_\_\_\_\_ Date: \_\_\_\_\_

Check Payments

AP Type 01

AP Type 01      1099 NEC

AP Type 01      1099 MISC PRZ

Student Payments - ACH

AP Type 05      NOT Taxable

AP Type 05      1099 NEC

AP Type 05      1099 MISC PRZ

AP Type 08      1099 MISC PRZ