

STUDENT INFORMATION

Date: _____

Student Name: _____ Student ID: _____

Street Address: _____ Telephone No.: _____

City, State, Zip: _____ Email Address: _____

Type of Payment (Select One)

- Student Awards Purchase of Goods/Services from Student
- Student Reimbursement College Support for Student Expenses
(STUDENT SIGNATURE REQUIRED BELOW)

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

By law, Nazareth College 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 college 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/Asst. Controller: _____ Date: _____

CONTROLLER'S OFFICE USE ONLY
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