NAZARETH COLLEGE

**Check Request
Expense Reimbursement Form**

PAYEE INFORMATION

Date Requested: _____

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

☐ Non-US Citizen

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

Payee Name: _____

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:
Department: _____	Account No: _____	Amount: _____
Department: _____	Account No: _____	Amount: _____
Department: _____	Account No: _____	Amount: _____
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					