

Use this form to request a check or electronic payment, to a vendor, where credit cards are not accepted.

## PAYMENT REQUEST

If vendor is a Business: Submit a W9, Itemized Receipt, Supporting Documentation, Direct Deposit Form.

If vendor is an Individual: Submit an ICON Form, W-9, Supporting Documentation, Direct Deposit Form.

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Payee Name: Phone #: Email:

Address: City: State: Zip:

POC:

# **PAYMENT & SERVICE DETAILS**

Requestor: Amount Requested: Funding Account:

CAST be reimbursing out of pocket travel expenses? Yes No Grant Funding Instructions

Service Start Date: End Date:

Services Being Provided:

Attach flyers, brochures or supporting documentation related to this event

How does the University benefit from this expense?:

College of Applied Science and Technology Business Office 1140 Colombo Ave Sierra Vista, AZ 85635

(520) 458-8278 x2127

https://azcast.arizona.edu/business-office

Payment Request Form DR-08/19/2020



## **WIRE TRANSFER AUTHORIZATION FORM**

### **SUBMIT COMPLETED FORM TO:**

THE UNIVERSITY OF ARIZONA
FINANCIAL SERVICES - ACCOUNTS PAYABLE
1303 E UNIVERSITY BLVD, BOX 5
TUCSON, AZ 85719

OR

SECURE UPLOAD:

https://www.fso.arizona.edu/accounts-payable/upload

#### \*\*\* PLEASE SUBMIT A NEW FORM FOR ALL CHANGES/UPDATES \*\*\*

Taxpayer Identification Number (TIN	I) for verification								
EIN -		OR	SSN	I					
L				·					
<b>Beneficiary</b> Company/Name on a	Email	Email							
Contact Name						Ext			
Address			State	State Zip Code					
Wire Transfer Information (domestic	or foreign; complete all t	hat apply)	_						
ABA/Routing Number			SWIFT/BIC Code						
Account Number			IBAN						
Institution/Transit Number		IRC							
CLABE (Mexico only)			IFSC (India only)						
Intermediary Bank Routing Number (if	applicable)								
Financial Institution									
Financial Institution Name			Phone			Ext			
Address	City	City			Postal C	:al Code			
					Country	Country			
Pursuit to A.R.S. Sec. 35-185, I authorize the wire transfer. UA Financial Services shall de complete and accurate information on the posted to the incorrect account. I certify that I have read and agree to completis form or as subsequently adopted, amer I authorize UA Financial Services to stop mal certify that I am authorized to contract for	University of Arizona (UA) Fina posit the payments in the finar is authorization form, the procesty with UA Financial Services' runded, or repealed. I consent to, king electronic transfers to my the entity receiving deposits p	ncial Services C ncial institution essing of the fo ales governing p , and agree to, c account withou ursuant to this	and account design rm may be delayed payments and elect comply with these r ut notification. agreement and tha	nated above. I r or made impos ronic transfers a ules even if the t all information	recognize that if I fa sible, and my electrons as they exist on the c y conflict with this an	ail to provide onic payments may be date of my signature on uthorization form.			
Name 	Authorized Signature	· 	Title			Date			
		CIAL SERVICE							
Verified by and date	Entered by and date		ndor#			Address ID			
Verified with		Input ve	erified & approved	d by	Doc Number Ent	tered			

### WIRE TRANSFER AUTHORIZATION FORM INSTRUCTIONS

DIGITALLY SIGNED FORM IS PREFERRED

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- Part 1 Taxpayer Identification Number (TIN): Enter your nine-digit TIN. The TIN is either your nine-digit Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS) or Social Security Number (SSN) assigned by the Social Security Administration (SSA), whichever one is associated with the Legal Name in Part 2. This detail is used to validate deposits to correct vendor. If you are a Non-Resident Alien in the U.S. for a short period of time, please leave this section blank.
- **Part 2 Beneficiary:** Complete all information to include company name or payee name, email address for remittance detail and wire transfer communications.
- **Part 3 Wire Transfer Information:** Consult with your financial institution to provide all necessary or required information. Missing or incomplete information will result in delays.
- **Part 4 Financial Institution:** Complete information as required by your financial institution.
- **Part 5 Authorization:** Only an authorized signer is able to authorize setup and changes. Digital signatures are authorized to maintain form in digital format for upload to website provided.
- Part 6 UA Financial Services Use Only: Do not complete.