

# MOUNT HOLYOKE

MOUNT HOLYOKE COLLEGE

## CHECK REQUEST

SEE INSTRUCTIONS ON PAGE 2 FOR PAYMENTS TO INDIVIDUALS

It is not necessary to complete this form for "vendor invoice" payments. Insert Accounting Distribution and Accounting Unit (Department) Authorized signature on invoice and submit for payment to Accounts Payable, 6 Skinner Hall.

Payee: \_\_\_\_\_ Amount:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Check Disposition:     US Mail     Attachment to be mailed with check

Pick up at Financial Services    Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Return to Payee via Campus Mail

Purpose of Payment (attach ORIGINAL receipts and other supporting documents):

Check Stub Comment (18 max) :

**ACCOUNTING DISTRIBUTION:**

CO	Accounting Unit	Account	Sub-Account	Activity (if required)	Amount
(4 max)	(6 max)	(5 max)	(4 max)	(6 max)	
Description (22 max) <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px; vertical-align: middle;"></span>					

CO	Accounting Unit	Account	Sub-Account	Activity (if required)	Amount
Description (22 max) <span style="border: 1px solid black; display: inline-block; width: 400px; height: 20px; vertical-align: middle;"></span>					

CO	Accounting Unit	Account	Sub-Account	Activity (if required)	Amount
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**REMINDER: COMPLETE PAGE 2 - FOR PAYMENT TO INDIVIDUALS**

Requester \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Approved by Accounting Unit Authority: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_



PAYMENT TO INDIVIDUALS/US CITIZENS - Complete for payment of services by Consultants, Performers, Lecturers, Honoraria, Scholarship/Fellowships and Prize/Awards. Completion of "Checklist for Payments to Individuals" section A or B is required.

Is this a payment to a College employee?  Yes  No

Payee's Social Security Number

PAYMENT TO INDIVIDUALS/NON-US CITIZENS - Complete for payment of services by Consultants, Performers, Lecturers, Honoraria, Scholarship/Fellowships and Prize/Awards. Completion of "Checklist for Payments to Individuals" section A or B is required.

**SPECIAL NOTE: Payments to Non-Resident Aliens can involve additional information. Please call x2354 for assistance prior to completing the Check Request Form.**

Provide Country of Tax Residence

Payee's Social Security Number  (if available)

**A. PERSONAL SERVICES**

1. Is the individual a College employee?  Yes  No

2. Is the individual performing services normally performed by a College employee?  Yes  No

3. Does she/he normally provide these same services to more than one other individual or organization?  Yes  No

4. Is the individual fully controlling the method/means of accomplishing the work?  Yes  No

5. Is the person being supervised by a College employee who is directing the work?  Yes  No

6. How is the individual going to be paid? Hourly/Daily/Weekly/Set Fee

7. Is the College or a College employee providing any training?  Yes  No

8. Does the individual regularly advertise her/his services to the public?  Yes  No

9. Does the individual have letterhead or business cards related to the service?  Yes  No

10. Does the individual provide her/his own work materials?  Yes  No

11. Where is the work being performed?

**B. RESEARCH OR OTHER ACADEMIC FELLOWSHIPS/SCHOLARSHIPS**

1. Is the individual required to perform any services for the College or a College employee as a condition of receiving this payment?  Yes  No

2. If the payment is related to a research project, whose research project is it?  Student  Faculty

3. Is the faculty member associated with the project directing the research work or is she/he providing consultation?  Directing  Consulting