ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW STUDENT BAR ASSOCIATION PAYMENT REQUEST FORM

Date:

Ple	ase	type!	Any	' items	to be sent	t with th	e check, includir	g invoice copies,	should be	stapled	to the request.

	alid informtion will I	result in unecess	sary delays.							
	INFORMATION									
Name to appe	ear on check:									
Mailing Addro	ess:									
City:				State:			Zip:			
Country (Fore	eign):				Payee Status (RWU ID required	. EIN/SSN required for new vendors)):		
					RWU Employee	RWU ID#:				
Payee is:	U.S. Citizen or R	Resident Alien	W-9 must be	on file		EIN:				
	Foreign Nationa	l	W-8 or 8233	must be	Partnership	SSN/EIN:				
			on file		Indiv/Sole Prop.*	SSN/EIN:				
Attachments					*Any individual, sole proprietor or company without a					
	e are attachments to		_ ' '		separate EIN must complete an "Employee or Independent					
to the vendor:		_	No		Contractor Classification"	form prior to p	ayment.			
Reason for E	xpenditure / Event	details:								
-										
			ements will be delivered							
			bosit Authorization Forn s/direct_deposit_form.p		ne University website:					
*			rect deposit you have a		d up.					
	IG SOURCE									
				Demucete	d Dy (nomo):					
Student grou	p(s)			Requested By (name):			Phone #:			
	unt Number(s) and									
Fund (2 digits)	Unit (7 digits)	•	Location (1 digit)		Organization Name		Amount (\$):			
(z digits)	(7 digits)	(5 digits)	(Taigit)							
	-									
If further appear	is required places atta		t. DO NOT use an addition	nal Daymant [Poquest form	Amount f	or Payment			
4. APPRO		ch a separate sheet	. DO NOT use an addition	nai Payment F	Request form.	Amount	or Fayment			
				the site for th						
		ase be sure all app	provers have signing au	itriority for th	e amount requested.					
Club Presid	ent:						I-			
Name:		Signature:			Date:					
SBA Preside	ent:									
Name:			Signature:	Signature:			Date:			
SBA Treasu	rer									
Name:		Signature:	Signature:			Date:				
			•							