



ACCOUNTS PAYABLE SUBJECT PAYMENT FORM

Date: _____

UAccess Financials DV Number: _____

This form is used to collect information from individuals receiving funds for participating in a University of Arizona research study program, and may be used *in place of* an IRS Form W-9.

Attach completed form to eDoc.

Study/Program number: _____

Date(s) of Service: _____

Is the payee a U.S. Citizen? ☐ Yes ☐ No

Is the payee a University of Arizona employee? ☐ Yes ☐ No

Is the payee a University of Arizona student? ☐ Yes ☐ No

If Study/Program reference number is not available provide a brief description of the program:

--

Payee Information:

Payee Name:			
Mailing Address:			
City, State:		Zip Code:	
Phone Number:			
Social Security Number:			
Payee Social Security Number is only required for tax reporting purposes if payment exceeds \$50.00			
Payee Signature:		Date:	

Department Representative Verifying Form:

Name:	Phone Number:	Signature:
-------	---------------	------------