

MCAD

Business Office: Independent Vendor Payment Request

This is for **Non-Employee** reimbursement for services rendered for the college. Please attach a completed W-9 form if you are working with a new vendor or the vendor's information has changed. A blank W-9 form can be found on the MCAD Business Office intranet page. This form **will not be accepted for any MCAD student or employee**; please fill out the Expense Reimbursement form for such requests. Completed requests are due by 5pm on Fridays for a check to be cut the following Wednesday. Paper requests should be placed in the mailroom or Business Office drop-box and electronic requests can be emailed to **Accounts_Payable@mcad.edu**. Incomplete forms will be returned to the requester.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Vendor Phone Number: _____ Vendor Email: _____

US Mail Hold for Pickup: call or email Include form with check Special Handling:

U.S. Citizen/Permanent Resident Resident Alien *Resident Alien: _____
(Alien, Country/Visa Type)

W-9 Attached with this request *Non-resident Aline must complete IRS forms W-8, 8233 and/or W-7

Description/Explanation of Payment:

Account(s) to Charge:

Fund	Object	Department	Project	Amount
				\$
				\$
				\$
				\$

Requested By: _____ Date: _____ Dept/Title: _____

Approved By: _____ Date: _____ Dept/Title: _____