DO NOT COMPLETE SHADED AREAS

The University of Arizona®

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Date: 11/23/2009

Check Request

K124501

NOTE: Before completing this form, refer to the following policies for more information when paying:
Independent Contractors: 9.12, Independent Contractors, only certain types of payments may be made with a Check Request.
Nonresident Aliens: 9.16, Nonresident Aliens. Only certain visa types and payments may be paid with the Check Request.

Payee Information (if employee reimbursement, provide campus address, including PO Box; all others provide home or business address)	**Contact Information:**			
Payee Name:	**Contact Name/Title:**			
SS#/EmplID	**Phone:**		**Dept #**	
Campus Address (PO Box)	**Dept Name:**			
Address (home/business)	**E-Mail:**			
	IS THE PAYEE A UA STUDENT? ☐ YES ☐ NO IS THE PAYEE A UA EMPLOYEE? ☐ YES ☐ NO IS THE PAYEE A US CITIZEN? ☐ YES ☐ NO IF PAYEE IS NOT A US CITIZEN, COMPLETE THE FOLLOWING: VISA TYPE_____COUNTRY_____			
City, State Zip				

Check Distribution Information:

☐ Department representative will pick up and distribute check. (If allowable per 9.12, Independent Contractors.) All other checks will be mailed to the payee.

Date required:

	Line	Account	Object Code	End Date	Description	Amount	Ck Sort	1099
F								
U								
N								
D								
I								
N								
G								
					TOTAL	0.00		

University Arizona Business Purpose/Comments:

For Independent Contractors:

Important: If this form is used to request payment to an Independent Contractor, this section may need to be completed. Refer to 9.12.

I agree to indemnify and hold the University of Arizona harmless from all claims arising from my performance of this agreement.
I certify by my signature that the amount, dates of service and nature of service are correct.

Independent Contractor _____ Date _____

The Responsible Person, or, if payment is from a sponsored project account, the Principal Investigator, must sign as Authorizer below. The Authorizer certifies that:
1. The recipient of the requested payment was not an employee of the University of Arizona at the time the service was performed and conflict of interest as described in Purchasing Policy 1.4 does not exist.
2. Services of this person were needed and are not appropriate for payment by direct salaries provided under the grant/contract or departmental payroll funds.
3. A selection process was employed to secure the most qualified individual available considering the nature and extent of the required services.
4. The fee to be paid is appropriate, considering the qualifications of the individual, the person's normal charges, and the nature of the services rendered.
5. If a check for payment of the above service(s) is to be produced in advance of actual performance, disbursement of the check by the department head, project director, or delegate will occur only after performance has taken place.
6. The method of compensation is as follows (payment "for the engagement" may not be used on sponsored project accounts):
$_____ per day for _____ days OR $_____ per hour for _____ hours OR $_____ for the engagement.

PLEASE USE COLORED INK FOR SIGNATURES SO THAT ORIGINALS CAN BE DISTINGUISHED FROM PHOTOCOPIES.

Authorized Signatures

I certify by my signature that authorized funds are available in the account and the merchandise or service requested is for bona fide business purposes of the account charged and no other like equipment is available in the department for the project.

PAYEE Employee Reimbursement only	Sign / Date		Purchasing Sign	Date
	Name/Title		Office of the General Counsel Sign	Date
Authorizer (Principal Investigator/ Responsible Person)	Sign / Date		Tax Compliance Sign	Date
	Name/Title		Sponsored Projects Sign	Date
Approver (Dept. and/or College Business Office)	Sign / Date		Financial Mgmt Sign	Date
	Name/Title		Financial Mgmt Sign	Date

SEND ALL CHECK REQUESTS TO FSO OPERATIONS, USB 402. OPERATIONS WILL OBTAIN PURCHASING APPROVAL IF REQUIRED.