

Vendor Cod	е		

Reason for Payment Reimbursement (Attachments Required)									Se	Service Date or Period Transaction						on Code		
☐ Honorarium (Details listed below)																50		
Other								_										
Department Name							Depa	rtment Conta						Department Phone				
Tech Contact							Tech	Tech Phone						Box Number				
STATUS (requ	ired)		Drive	nov A ot N	lation ID	C Spotion 6100 r	oguiros	most reginients	for convice	o porfo	rmad to ai	un U	.S. Taxpaye	er ID Ni	ımber	1099 Type	
U.S. Citizen Non-Resident Alien u.S. Citizen taxpayer identification numbers to payers who for identification purposes. Payers must be gi to file tax returns. Payers must generally with								no must given th thhold t	quires most recipients for services performed to give o must report the payments to IRS. IRS uses the numbers given the numbers whether or not recipients are required shold taxes from taxable payments to a payee who does to a payer. Certain penalties also apply.					o.o. laxpayor ib ivallibor				
1. Vendor/Clain						anpayor rac			ayon contain poi	100000								
2.																		
3. Permanent Address																		
4																		
4.									VENDOR'S CERTIFICATE: I I totals listed herein are proper cl						ereby certify that the items and arges for materials, merchandise e University of Washington.			
5a. City							State	Zip										
5b. Country (Fo	oreig	ın)						l			Signatur	0						
										Date								
Check Handling Instructions Mail to Permanent Address										Sp	Special Instructions							
	Hol	d for P	ick-up	: Call														
			Pl	hone														
П	Ser	nd to:	3. c/	o														
Detailed Description (Required)											Qı	uantity	Unit	Unit Pr	ice	Extend	ded Amount	
														SUBTO	TAL ►			
										LESS W	//H ▶			CHECK AMOUN	i⊤ ►			
								ACC	DUNTING DE	ETAIL								
FUND	S	GE	NL LD	GR	COST	r ACCOI	UNTING ONL		USE TAX	AN	MOUNT		INVOICE/			D/	DATE	
BUDGET NUMBER	/ L	OBJ	SUB	SSUB	TASK	OPTN	PROJECT	Q					F	REFERENC NUMBER		F	PREPARED	
NOWIDER	T-																	
								N										
								N										
								N										
								N										
								N										
Preparer's Signature							Authorizing Official's Signature							Check N	lumber			
Date Signed						Dat	Date Approved							Check Date				
							11											