Please attach supporting documentation [ ]  Hold check for pick up

 or alternative mailing

Check will be mailed to payee unless other instructions (please provide

instructions are given. details below).

Cornell College

Business Services Office

Mount Vernon, Iowa

*VOUCHER:* Request for Payment Date:

Pay to:       W-9: [ ]  on file

 (Name of Company or Individual)

       [ ]  attached

 (Address)

       [ ]  exempt (student/employee, government, or registration refunds)

 (City, State, Zip Code)

cornellcollege.edu/business-office/faculty-staff-information/W-9

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Account to be charged:      Account #:     -     -     -      Amount: $

Account to be charged:      Account #:     -     -     -      Amount: $

Account to be charged:      Account #:     -     -     -      Amount: $

*Total Check Amount:* $0.00

Description:

Departmental Approval: Submitted by:

*Business Office Approval:* Cash Received:

*IRS Form 1099 Required: NO/YES*

Use this space for optional mailing or handling instructions. Please also check box above (top of page).

[ ]  Hold check for pick up and call ext.       when ready.

[ ]  Send check to       at campus box #

[ ]  Other