



**WEBER STATE UNIVERSITY** 3  
 3850 Dixon Parkway Department 1014  
 Ogden, UT 84408-1014  
 Phone: (801) 626-6606 Fax: (801) 626-7464

| Accounting Services |
|---------------------|
| Invoice number: I   |
| Check number:       |
| Date:               |
| Vendor Number: W    |

**Check Request for Prize, Award, Stipend, or Honorarium (\$400 or less)**

|   |        |            |                   |
|---|--------|------------|-------------------|
| Legal Name:   |        | Phone:     |                   |
| Address:  |        | E-mail:    |                   |
| City:   | State: | Zip:       |                   |
| Social Security Number (SSN)      -      -  |        |            |                   |
| U.S. Citizen: Yes <input type="checkbox"/> or No <input type="checkbox"/> (If no, contact Accounting Services <b>before</b> giving prize or award)  |        |            |                   |
| Are you or have you been a WSU employee during the past 12 months?<br><input type="checkbox"/> Yes or <input type="checkbox"/> No (If yes, contact Accounting Services, you may need to use a PAR.) |        |            |                   |
| Date:   |        | Amount: \$ |                   |
| Check one: <input type="checkbox"/> Prize <input type="checkbox"/> Award <input type="checkbox"/> Stipend <input type="checkbox"/> Honorarium   |        |            |                   |
| Description:  |        |            |                   |
| Index (Old FRS account)   | Fund   | Orgn       | Account (subcode) |

**IRS Substitute W-9:** Federal law requires that we have on file a W-9 form with the **Social Security number and signature** for each individual or business to whom the University makes a non-payroll payment. Therefore we ask that you complete the following information. The IRS may impose a penalty of up to \$500.00 for non-compliance or supplying false information.

**Certification** - Under penalties of perjury, I certify that: **(1)** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and (2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and (3)** I am a U.S. person (including a U.S. resident alien).

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Individual Receiving Prize or Award

Requestor signature \_\_\_\_\_ Date \_\_\_\_\_ Approval signature \_\_\_\_\_ Date \_\_\_\_\_  
 Accounting services reviewer \_\_\_\_\_  Documentation attached (if necessary)

**This form must be completed each time an individual receives a prize, award, stipend or honorarium. Checks will be mailed directly to the individual unless otherwise indicated.**

**Send completed form to Accounting Services at MC 1014 as documentation to complete payment processing.**