

PAYEE INFORMATION

PAYEE: _____

UIN/Rfid: _____

MAILING ADDRESS:

PERMANENT ADDRESS: (IF DIFFERENT)

NOTE: CONSULTANT / HONORARIUM PAYMENTS REQUIRE PAYEE'S SOCIAL SECURITY NUMBER TO BE ON FILE WITH THE RESEARCH FOUNDATION. IF NOT, ATTACH IRS FORM W-9 LOCATED AT

<https://www.odu.edu/sites/default/files/2024/documents/fw9.pdf>

CONSULTANT / HONORARIUM

REIMBURSEMENT

DESCRIPTION OF SERVICES PERFORMED:

REASON FOR REIMBURSEMENT:

PERFORMANCE PERIOD: _____

ACCOUNTING DATA:

project

object

AMOUNT

ACCOUNTING DATA:

project

object

AMOUNT

_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____

_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____

AMOUNT TO BE PAID: \$ _____

TOTAL TO BE REIMBURSED: \$ _____

PAYEE CERTIFIES TO THE FOLLOWING: (1) ABOVE SERVICES WERE PERFORMED AND ALL DELIVERABLES HAVE BEEN PROVIDED; (2) PAYEE IS AN INDEPENDENT CONTRACTOR AND NOT AN EMPLOYEE OF OLD DOMINION UNIVERSITY RESEARCH FOUNDATION; (3) PAYEE UNDERSTANDS THAT NO TAXES HAVE BEEN WITHHELD FROM THE ABOVE PAYMENT, AND THIS PAYMENT WILL BE REPORTED ON A U.S. TREASURY FORM 1099; (4) PAYEE IS RESPONSIBLE FOR TAX LIABILITIES WHICH MAY RESULT FROM THIS TRANSACTION.

ALL RECEIPTS MUST BE ATTACHED BEFORE PAYMENT CAN BE MADE.

I CERTIFY THAT THE ABOVE REIMBURSEMENT IS FOR ARTICLES OR SERVICES NEEDED AND UTILIZED IN THE PERFORMANCE OR THE REFERENCED PROJECT(S) AND ACTUALLY PAID FOR BY THE UNDERSIGNED.

SIGNATURE OF CONSULTANT

DATE

SIGNATURE OF PERSON MAKING REQUEST

DATE

I CERTIFY THAT THE ABOVE PAYMENT IS FOR SERVICES OR ARTICLES REQUIRED FOR THE PERFORMANCE OF THE REFERENCED PROJECT(S) AND ARE COMPLETE OR DELIVERED.

SIGNATURE OF PI.

DATE

OFFICIAL USE ONLY / RF APPROVAL

PAYROLL: _____

DATE PAID: _____

EXEC. DIR: _____

CHECK NUMBER: _____