



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:

AMOUNT

project object

Beginning Feb 9, you must use the updated project numbers with the new letter suffix. [More information.](#)

\$ _____
\$ _____
\$ _____

ACCOUNTING DATA:

AMOUNT

project object

Beginning Feb 9, you must use the updated project numbers with the new letter suffix. [More information.](#)

\$ _____
\$ _____
\$ _____

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: _____