



Index & Account _____
Special Instructions _____

Business Office
PO Box 30808, Salt Lake City, UT 84130-0808
PH: (801) 957-4216 FAX: (801) 957-4445

Account Codes: Stipend: 73530
Award: 70610
Honorarium: 70620

AGREEMENT TO PAY AN INDIVIDUAL (Non-Employee) FOR STIPEND/AWARD

PART I: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Federal law requires that we have a W-9 form on file for each person or entity to whom the College makes a non-payroll payment. Please complete the following information. If you do not provide us with this information, your payments may be subject to federal income tax backup withholding and you may be subject to a penalty imposed by the Internal Revenue Service under section 6723.

Name: _____ **SS #:** _____
Individual name as it appears on your Social Security card or SS-4 application

Address: _____

City, State & Zip: _____ **Phone #:** _____

Payee Signature: _____

PART II: AUTHORIZATION/AGREEMENT TO PAY INDIVIDUAL

Description of Stipend/Award: _____

Date of Activity: _____ **Amount \$** _____

Approvals:

Originator Signature **Date** **2nd Level Signature** **Date**

Originator Printed Name **2nd Level Printed Name**