

(Please attach supporting documentation)

**CORNELL COLLEGE  
Business Office  
Mount Vernon, Iowa**

**VOUCHER: Request for Payment**

Date: \_\_\_\_\_

Pay to: \_\_\_\_\_  
(Name of Company or Individual)

SSN # \_\_\_\_\_ \*

\_\_\_\_\_  
(Address)

Fed ID# \_\_\_\_\_ \*

\_\_\_\_\_  
(City, State, Zip Code)

Account to be charged: \_\_\_\_\_ Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account to be charged: \_\_\_\_\_ Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Description:**

**Total Check Amount: \$** \_\_\_\_\_

Departmental Approval: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Business Office Approval: \_\_\_\_\_ Cash Received: \_\_\_\_\_

IRS Form 1099 Required:   No/Yes  

\*For persons receiving payments totaling \$600 or more in a calendar year, the College is required to report the name, address, tax ID and amount to the Internal Revenue Service. Please provide this information above, if appropriate. Such payments may not be issued until these items are on file.