

(Please attach supporting documentation)

Cornell College
Business Services Office
Mount Vernon, Iowa

VOUCHER: Request for Payment

Date: _____

Pay to: _____

(Name of Company or Individual)

(Address)

(City, State, Zip Code)

SSN # _____ *

Fed ID # _____ *

Account to be charged: _____ Account # _____ - _____ - _____ - _____ Amount \$ _____

Account to be charged: _____ Account # _____ - _____ - _____ - _____ Amount \$ _____

Account to be charged: _____ Account # _____ - _____ - _____ - _____ Amount \$ _____

Total Check Amount: \$ _____

Description:

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.*