Santa Clara University

University Finance Office

ACCOUNTS PAYABLE - AWARD PAYMENT REQUEST

Recipient Information:

Recipient Name: SCU ID: _____ _____

If the recipient is not currently enrolled at SCU, the SSN or W-9 is required:
SSN: _____

Home Address: _____

City: State: Zip Code: _____ _____ _____

E-Mail Address: Phone#: _____ _____

Award Information:

Award Name: _____

Please include the official SCU Award Description documentation with this request.

Award Amount: Award Event Date: _____ _____

Note: A 1099 for award payments will be issued to the IRS for tax reporting purposes.

Authorization:

_____ _____
Preparer Print Name Cost Center

_____ _____ _____
Preparer Signature Phone #. Date

_____
Approving Manager Print Name

_____ _____ _____
Approving Manager Signature Phone #. Date