



Department of Chemistry
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E-CHECK REQUEST FORM

Name of Preparer		Phone #	
Full name of Payee (if different)		C #	
Payment type: (see pg. 2)			
Physical Address of Payee:			

Payment Amount: _____ Account# _____ Amount _____
(please list in USD)

Original W-9 attached Payee Tax ID/SSN attached 1099 attached

I would like this check to be held with Internal Distribution so that we may hand deliver the check to the payee. Payee may be located: _____

I would like this check to be FedEx delivered via _____ delivery
(Priority overnight, standard overnight, 2 day delivery)

Explanation of request: _____

Signature of requestor: _____ **Date:** _____

Payment Type Codes:

01Dues/Membership/Licenses

02Honorarium - Non Resident Alien

03Honorarium - U.S. Nationals

07Legal Settlement

11Petty Cash

13Refund

14Registration

20Research Subject Payment

21Royalties

22Student Awards/Prizes/Stipends

25Travel Advance

26Travel Service Payments/Corporate Travel Reimbursements

32Performer

33Employee Refunds

35Government & Institutional Payments
