

AMHERST COLLEGE

Request for Payment to Nonemployees

Name: _____ Social Security, Tax or Colleague ID #: _____

Permanent Full Time Address: _____

Alternate Mailing Address: _____
(if applicable)

Is payment to a current or former Amherst College employee? Yes No

If answer is **Yes**, payments for services may be processed through Payroll. Contact Human Resources for further instruction.
Submission of this form may not be necessary.

Is payment to a U.S. Citizen? Yes No

If answer is **Yes**, please include a completed IRS Form W-9 Request for Taxpayer Identification Number and Certification unless the following box is checked: Service provider has previously completed Form W-9 for the College.
If answer is **No**, please include the Foreign National Information Form and all required attachments. (See [Controller's Webpage](#))

Description of Service Performed/Reason for Payment: _____

(attach contract if applicable) Date of Service: _____

	<i>Amount</i>	<i>Account #s:</i>
Amount of Service Payment:		
Federal Tax Withholding*:		30-000000-220103
Massachusetts Tax Withholding**:		30-000000-220105
Net Payment (less tax withholding)		
Travel/Expense Reimbursement: (Attach Receipts)		
Total Payment Request:		

Name of Approver: _____ Dept: _____ Extension: _____

Signature of Approver: _____ Date: _____

Return this form (in duplicate for service payments) with required attachments to:

Shared Services
Attn: Accounts Payable
AC #2227

*A 30% Federal Tax Withholding may apply if payment is made to a Non-US resident

** A 5.00% Massachusetts Performer's Tax Withholding may apply if payment exceeds \$5,000. See [Controller's Webpage](#)

This form should be used to request a payment through Accounts Payable for an honorarium or for services provided by an independent contractor unless this is a recurring vendor with its own business invoice for whom you have previously completed this paperwork.