



Payee Certification for Expense Reimbursement

A. Payee Information

To authorize payment of expense reimbursement, complete Sections A, B and C and forward original receipts and appropriate documentation.

1. Name: (Please enter name as shown on your Social Security Card)
2. Home Address: (Please Include 4-Digit Zip Code Extension)
3. Social Security #
4. Email Address:

5. Are you a student? No Yes If yes, Name of Institution
6. Are you an employee or former employee of RIT? No\* Yes\*\*
\*If no, name of Employer \*\*If yes, dates of employment at RIT
7. Do you have immediate relatives employees at RIT? No Yes
If yes, please list names and department (s):
8. Citizenship and Residency - Used to determine appropriate tax withholding and reporting (check only one)

H1B, F2, TN, and O1 visa holders are not eligible for compensation for independent personal services.

Residency Status: US Citizen Permanent Resident (Green) Card #
Nonresident Alien Visa Type:

Nonresident Aliens, please complete your Glacier file www.online-tax.net (required)

B. Payment Information

Business Purpose:
Where: When:
Itemized Payment:
Expenses: Airfare \$
Ground Transportation \$
Food \$
Lodging \$
Other \$
Total Invoice Amount

Table with 7 columns: Account Number, For RIT USE, ENT, DEPT, OBJECT, FEC, PROJECT

C. Payee Certification

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
By Signing this invoice I a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes; b) Certify that I am not a Federal employee; c) Agree not to disclose any information furnished by RIT that was identified as proprietary information.
Under penalties of perjury, I certify that: d) The number shown on this form is my correct taxpayer identification number, e) I am not subject to backup withholding, and f) the information regarding citizenship in A.8. above is correct.

Signature of Payee: Date:

D. Verification of receipt of deliverables and/or services by individual with first-hand knowledge

RIT use ONLY
Requestor's Signature: Date: Ext:
Approver's Signature: Date: Ext: