

Please Type or Print Legibly

U.S. CITIZEN
OR
RESIDENT ALIEN

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

COMPTROLLER'S OFFICE

REQUEST FOR PAYMENT

YES NO IF NO, TYPE OF VISA _____
COUNTRY OF CITIZENSHIP: _____

Date 02 14 05
MO. DAY YEAR

ACCOUNTING OFFICE USE ONLY ACP ID NO _____	MAKE CHECK PAYABLE TO: NAME FOR CHECK _____ PAYEE NAME _____	Purchase Order # _____	DATE OF SERVICE OR RECEIPT OF GOODS IF DIFFERENT THAN DATE ABOVE. DATE _____
INFORMATION TO BE INSERTED ON CHECK STUB _____		CHARGE INFORMATION ACCOUNT <u>421000</u> OBJECT _____ AMOUNT \$ <u>0.00</u>	
M.I.T. EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY OR IRS ACCOUNT NO. _____	ACCOUNTING OFFICE USE ONLY 1099 CODE _____	ACCOUNT TITLE _____
PAYEE ADDRESS c/o 32-G568 FIRST LINE OF ADDRESS OR MIT ROOM NO. SECOND LINE OF ADDRESS Cambridge CITY THIRD LINE OF ADDRESS MA STATE FOURTH LINE OF ADDRESS 02139 ZIP CODE			*Explanation of Payment: Type as much as you want here.
CHECK DISTRIBUTION MAIL TO PAYEE <input type="checkbox"/> RETURN TO: c/o Kathleen Dickey 32- G568 ROOM NO.			

APPROVED:

NAME _____ EXTENSION _____ PURCHASING AGENT P.O. REQUIRED YES NO OSP _____ ACCOUNTING _____

*Include in explanation: description, date rendered, rate of payment.

Please send signed originals and any receipts or other documents which support this payment to: Accounts Payable NE49-4064