



# STUDENT ACTIVITY FUND OFFICE - CHECK REQUEST

**Organization Name:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHOOSE DELIVERY OPTION**

**Hold for pick up**       **Mail to payee**

**Deliver via campus mail CB#** \_\_\_\_\_

**Attention:** \_\_\_\_\_

### PAYEE INFORMATION:

Pay to the order of: \_\_\_\_\_ Payee PID No. \_\_\_\_\_ Phone No: \_\_\_\_\_

Payee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT LINE ITEM DETAIL:

**Invoice #:** \_\_\_\_\_ **Description:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Fund Code:** \_\_\_\_\_ **Expense Code:** \_\_\_\_\_ **Account#:** \_\_\_\_\_ **\* Withhold 4% NC Tax? YES / NO**

**Invoice #:** \_\_\_\_\_ **Description:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Fund Code:** \_\_\_\_\_ **Expense Code:** \_\_\_\_\_ **Account#:** \_\_\_\_\_ **\* Withhold 4% NC Tax? YES / NO**

**Invoice #:** \_\_\_\_\_ **Description:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Fund Code:** \_\_\_\_\_ **Expense Code:** \_\_\_\_\_ **Account#:** \_\_\_\_\_ **\* Withhold 4% NC Tax? YES / NO**

A W9 form is **required** for all payments to vendors or contractors providing labor, services or \$5,000 in direct sales as well as for payments that can be considered a form of income i.e. stipend, scholarship, honorarium, grant or donation.

**TOTAL AMOUNT:** \_\_\_\_\_

**W9 ATTACHED: YES / NO**

\* **NC 4% Withholding for Nonresident vendors** - NC law requires that NC income tax be withheld from payments made to nonresidents for personal services if the annual (calendar year) amount to be paid to an applicable vendor exceeds or is expected to exceed \$1,500. **Student Congress Funding:** 1) Complete the section on the back of this form for student congress allocations. 2) All Student Congress allocations are subject to Title V. 3) Please refer to <http://congress.unc.edu/files/2012/10/Title-V-06.25.2014.pdf> for more information.

\_\_\_\_\_  
Print name / Authorized Advisor, Treasurer or President

\_\_\_\_\_  
SAFO Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature / Authorized Advisor, Treasurer or President

\_\_\_\_\_  
SAFO EMPLOYEE SG FUNDS REVIEW:

# THIS SECTION MUST BE COMPLETED FOR ALL SPENDING OF STUDENT CONGRESS ALLOCATIONS

**WHAT:** (Description of the EXPENSE) \_\_\_\_\_

**WHY:** (Describe the Purpose for purchase)  
\_\_\_\_\_

**WHEN:** (When will these funds be used)\_\_\_\_\_

**WHERE:** (Where will these funds be used)\_\_\_\_\_

**WHO:** (How Many People will benefit from this purchase? **Please Enter NUMBERS**)

Total Expected:      Students\_\_\_\_\_      Faculty \_\_\_\_\_      Staff \_\_\_\_\_      Community Members\_\_\_\_\_

**How:** (How Does Purchase Benefit the University or Goals of Your Program?)

Please Check ONE Only

- Extended contact to include normal meal times.
- Created an atmosphere necessary to attain the goal.
- Encouraged event participation to attain the goal.
- Enhance social interactions to build community.
- Reward outstanding performance (by an employee or other).
- Provided a forum to raise awareness of an issue.
- Provided an opportunity to welcome visitors