



Payroll Voucher

HR-Payroll
120-30 USB

Date _____

Section I Payee Information

Name _____ Social Security Number _____
Last First Middle

Address _____
Street Address City State/Province Country Zip /Postal Code

Section II

| Is the above Payee: | Yes | No |
|----------------------------------|-----|----|
| Full Time Federal Employee | | |
| Primarily a UI Student | | |
| University of Iowa Employee | | |
| State of Iowa Employee (not UI) | | |
| Relative of the Project Director | | |

Instructions for filling out this Payroll Voucher can be found at: <http://hr.uiowa.edu/payroll/voucher-instructions>. You can also contact the Payroll Department for assistance.

Section III

| |
|--|
| Is the above Payee: |
| A U.S. citizen or resident of the U.S. or U.S. territories? Yes ____ No ____ |
| If no, the following information is required: Immigration type _____ |
| Tax residency country _____ Date of birth _____ |
| Permanent foreign address: _____ |

| |
|-----------------------|
| Contact Information: |
| Department name _____ |
| Contact person _____ |
| Campus address _____ |
| Campus phone _____ |

Section IV

| | |
|-------------------------|--------------|
| Dates of Service: | Description: |
| Begin _____ MM/DD/YY | |
| End _____ MM/DD/YY | |

Section V

| MFK to be Charged: | | | | | | | | | | |
|--------------------|-----|------|-------|---------|------|------|-------|----|------|--------|
| FUND | ORG | DEPT | SDEPT | GRTPROG | IACT | OACT | DPACT | FN | CCTR | AMOUNT |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

Section VI I hereby certify that the above information is correct

Project Director _____ Date _____ College Dean/Administrative Officer _____ Date _____

Departmental Executive Officer _____ Date _____

| Office Use Only | |
|----------------------------|-------------------------|
| Tax Withholding % _____ | Treaty Covered _____ |
| Tax Amount Withheld _____ | No 1099 Reporting _____ |
| Country Code _____ | Handling Code _____ |
| Compliance Statement _____ | 1099 Code _____ |
| W-8 BEN _____ | Vendor # _____ |
| FNIS _____ | Invoice # _____ |

| |
|--------------------------------|
| Special Handling Instructions: |
| Person to call _____ |
| Phone to pick up check _____ |
| Office Use Only |
| Payroll Approval |
| Date |