LONG ISLAND UNIVERSITY

FINANCE USE ONLY

VENDOR #_____ VOUCHER # _____

VENDOR TYPE_____ 1099 TYPE _____

☐ DO NOT COMBINE

AWARD & PRIZE REQUEST FORM

NON-EMPLOYEES ONLY

ISSUE CHECK TO:	RECIPIENT'S LEGAL NAME DATE REQUESTED (mm/dd/yyyy) PERMANENT STREET ADDRESS PO BOX NUMBER OR APARTMENT NUMBER CITY _____ STATE _____ ZIP or FOREIGN COUNTRY _____
TAXPAYER ID NUMBER	ENTER TAXPAYER IDENTIFICATION NUMBER (SOCIAL SECURITY OR EIN) FOR AWARD OR PRIZE RECIPIENT (W-9 REQUIRED) SOCIAL SECURITY NUMBER:_____ EIN: _____
SPECIAL HANDLING	☐ *ENVELOPE ATTACHED ☐ *ENCLOSURE ☐ PICK UP ☐ INTER-OFFICE *ADDRESSED ENVELOPE MUST BE ATTACHED IF CHECK IS TO BE SENT TO A DIFFERENT LOCATION FROM PAYEE ADDRESS ABOVE, OR FOR BULKY ENCLOSURES
WIRE TRANSFER	☐ WIRE TRANSFER NEEDED. ATTACH COMPLETED WIRE TRANSFER REQUEST FORM
CHECK STUB	ENTER THE INFORMATION THAT SHOULD APPEAR ON THE CHECK STUB TO IDENTIFY THE DISBURSEMENT TO THE RECIPIENT ie: TYPE OF PAYMENT, DATE(S), AWARD OR PRIZE NAME (35 Characters only)
EXPLANATION OF CHARGES	
CHARTFIELDS TO BE CHARGED	Fund OpUnit Department Account AMOUNT _____ - _____ - _____ - _____ $_____ _____ - _____ - _____ - _____ $_____ _____ - _____ - _____ - _____ $_____ **TOTAL FROM CHARTFIELD EXTENSION FORM** (ATTACH FOR ADDITIONAL CHARTFIELDS) $_____ **TOTAL CHARGES** $ 0.00
REQUESTED BY:	NAME DATE NEEDED (mm/dd/yyyy) DEPT. PHONE BLDG. ROOM E-MAIL ADDRESS
APPROVALS	DEPARTMENT HEAD (IF SPONSORED PROJECT-PRINCIPAL INVESTIGATOR) DATE DEAN OR DIRECTOR (IF SPONSORED PROJECT-OSP DIRECTOR) DATE CAMPUS FINANCIAL SERVICES DATE

REVISED 11/12/21