



University Finance Office

**ACCOUNTS PAYABLE - AWARD PAYMENT REQUEST**

**Recipient Information:**

Recipient Name: \_\_\_\_\_ SCU ID: \_\_\_\_\_

If the recipient is not currently enrolled at SCU, the SSN or W-9 is required:

SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Award Information:**

Award Name: \_\_\_\_\_

Please include the official SCU Award Description documentation with this request.

Award Amount: \_\_\_\_\_ Award Event Date: \_\_\_\_\_

Note: A 1099 for award payments will be issued to the IRS for tax reporting purposes.

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**Authorization:**

\_\_\_\_\_  
Preparer Print Name

\_\_\_\_\_  
Cost Center

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Phone #.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Manager Print Name

\_\_\_\_\_  
Approving Manager Signature

\_\_\_\_\_  
Phone #.

\_\_\_\_\_  
Date