



SMITH COLLEGE

ACCOUNTS PAYABLE VOUCHER

Please check applicable:

Date: _____
 Payable To: _____
 Address: _____

_____ Check Request
 _____ Direct Deposit/Wire (if international)
 _____ Reimbursement
 _____ New Vendor

U.S. Taxpayer ID Number
 (SSN or EIN) _____

Purchase Order # P _____
 Vendor Invoice # _____

Payments to Vendors require tax information on file in the Controller's Office. If the Vendor's Federal Identification Number is not on file, this check request will be returned to you.

Reason for Request

Coding of Expenses

COST CENTER CODE OR NAME	SMITH DESIGNATED	GIFT	GRANT	SPEND CATEGORY NAME	ACTIVITY CODE	LOC CODE	AMOUNT
Select only one of the 3 (Smith Designated, Gift or Grant)							
Total Amount to be Paid							\$

Contact person for this Reimbursement/Payment _____

Department _____

Check Will be Mailed to Above Address. *List special handling of this check below

CAMPUS MAIL TO: Name: _____ Department: _____

HOLD AT COUNTER FOR: Name: _____

GROSS UP if necessary: * any tax gross up amount will be charged to the department/gift/grant

INSTRUCTIONS

This form is required for check requests when invoices are not received.

Payee's complete name, address and taxpayer identification number **MUST** be provided. Reason for request, coding of expenses and A contract or other backup must be attached as a PDF file. If an attachment is to be mailed with the check, please include it with the **New Domestic Suppliers** must complete IRS Form W-9 prior to receiving payment. Please include the W-9 form with this voucher and **New International Suppliers** must complete IRS Form W-8BEN prior to receiving payment. Please include the W-8BEN form with this

Please email acctspay@smith.edu if you have any questions regarding this form.

Please email this complete form, any back up and if needed onboarding supplier form and W-9/W-8BEN to supplier@smith.edu for