



Financial Services Office

FSO-Operations
University Services Building, 402
PO Box 210158
Campus
Tel: (520) 621-9097

ACCOUNTS PAYABLE
SUBJECT PAYMENT FORM

Date: _____ UAccess Financials DV# _____

Please fax this completed form to Accounts Payable via our secure Docuware fax line at 520-626-1243 to initiate timely payment and maintain the original form within departmental files. Payment will be initiated to the following individual for services provided or participation in a University of Arizona research study program.

Study/Program number: _____

Date(s) of Service: _____

Is the Payee a U.S. Citizen? [] Yes [] No

Is the Payee a University of Arizona employee? [] Yes [] No

Is the Payee a University of Arizona student? [] Yes [] No

If Study/Program reference number is not available please provide a brief description of the program:

[Empty rectangular box for program description]

Payee Information:

Table with payee information fields: Payee Name, Mailing Address, City, State, Zip Code, Phone Number, Social Security Number. Includes a note: SSN is only required for tax reporting purposes if payment exceeds \$50.

Person completing this form:

Table with person information fields: Name, Phone Number, Fax Number, Signature, Date.