

PAYROLL VOUCHER

HR-PAYROLL
120-30 USB

_____ Date

SECTION I PAYEE INFORMATION

Name _____ Social Security Number _____
LAST FIRST MI

Address _____
STREET ADDRESS CITY STATE ZIP

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://www.uiowa.edu/hr/payroll/forms/prvch_instruct.html
You can also contact the Payroll Office 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: VISA 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	
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SECTION VI

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

PROJECT DIRECTOR DATE COLLEGE DEAN/ADMN OFFICER DATE

DEPARTMENTAL EXEC OFFICER DATE

OFFICE USE ONLY

Tax Withholding % _____	No 1099 reporting _____ NAMS _____
Tax Amount Withheld _____	Treaty covered _____ TATT _____
Country Code _____	30% tax w/h + \$50 fine to MFK _____
Compliance Stmt attached _____	Vendor # _____
Handling Code _____	Invoice # _____
1099 Code _____	

SPECIAL HANDLING INSTRUCTIONS

Person to Call _____
Phone _____
To pick up check _____
Payroll Approval _____
Date _____