



Payroll Voucher

HR-Payroll
120-30 USB

Date _____

Section I Payee Information

Name _____ Social Security Number _____
Last First Middle

Address _____
Street Address City State/Province Country Zip /Postal Code

Section II

Is the above Payee:	Yes	No
Full Time Federal Employee		
Primarily a UI Student		
University of Iowa Employee		
Relative of the Project Director		

Instructions for filling out this Payroll Voucher can be found at: <http://hr.uiowa.edu/payroll/voucher-instructions>. You can also contact Payroll Services 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: Immigration 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										

Section VI I hereby certify that the above information is correct

Authorized Approver Date Authorized Approver Date

Authorized Approver Date

Office Use Only	
Tax Withholding % _____	Treaty Covered _____
Tax Amount Withheld _____	No 1099 Reporting _____
Country Code _____	Handling Code _____
Compliance Statement _____	1099 Code _____
W-8 BEN _____	Vendor # _____
FNIS _____	Invoice # _____

Special Handling Instructions:
Person to call _____
Phone to pick up check _____
Office Use Only
Payroll Approval _____
Date _____