



# 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: <https://hr.uiowa.edu/pay/payroll-services/payroll-forms/payroll-voucher>. 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 \_\_\_\_\_