

# COLLEGE OF CHARLESTON FOUNDATION

## CHECK REQUEST

**\*\* Please send check requests to [FoundationFinance@cofc.edu](mailto:FoundationFinance@cofc.edu). Checks are issued biweekly.\*\***

Payee Information

☐ Direct Deposit   ☐ Campus Mail   ☐ Mail off campus   ☐ Mail attachment with check

Please pay: \_\_\_\_\_

Total per request \$ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Foundation policies, forms, & check schedule  
are available at  
<https://foundation.cofc.edu/resources>

For Foundation Use Only:

☐ 1099 Vendor  
☐ 990 Disclosure

Purpose of Check

### — Reimbursement

Attach: Itemized Receipts

### Invoices/Services Rendered

Attach: 1) IRS Form W-9 – Business or Non SC Resident  
2) Non-State Pay Form - SC Resident

### Award

Attach: 1) Award Acceptance Form  
2) Award Recipient Profile Form

### Honoraria

Attach: 1) Honoraria Information Form  
2) W-9 **OR** Non-State Pay Form (see Invoices)

### Other

Account Information

Expense Account Number

Fund Account

Fund Name

Amount



\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

Invoice #: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Business Purpose

Please elaborate on the business purpose of the expense. For example, a meal reimbursement should include the names and business titles of attendees and business discussed. If additional space is needed, please attach a memo.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester

*Please print clearly. Requester will be contacted with any questions regarding request:*

Requester's Name \_\_\_\_\_ Phone \_\_\_\_\_

Requester's Department \_\_\_\_\_ Date \_\_\_\_\_

Approval

**Authorized signature** *(Cannot be same as payee; reimbursement MUST be authorized by a supervisor.)*

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I certify that the above expenses are in compliance with the applicable gift agreement(s) and Foundation Expense Policy, are ordinary and necessary business expenses of the College of Charleston or of the Foundation, have not been reimbursed from any other source, and that all approvals as required by Foundation policy have been obtained.

## HONORARIA INFORMATION

### PART I: Recipient's Information

Please submit the information below with a check request and required supporting documentation.

<b>Recipient:</b>	
<b>US Citizen or Permanent Resident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Permanent Address:</b>	<b>Alternate Mailing Address (if available):</b>
<b>Phone Number:</b>	

### PART II: Honoraria Information

1. **Description of Service(s) Performed:**
  
2. **Date(s) of Service(s) Performed:**
  
3. **Total Amount to be Paid:**
  
4. **Foundation Account:**
  
5. **Is there an invoice from the honoraria recipient?**  
☐ Yes (Please submit copy of invoice with check request)  
  
☐ No (Provide reason below)
  
6. **Is there a contract for the honoraria?**  
☐ Yes (Please submit copy of contract with check request)  
  
☐ No

Requester's Name \_\_\_\_\_

Department \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# COLLEGE OF CHARLESTON FOUNDATION NON-STATE PAY FORM

To pay an individual for contractual services or honorarium, please follow the directions below:

(Reimbursements should continue to use the College of Charleston Foundation Check Request form)

1. If the recipient is a STATE OF SOUTH CAROLINA EMPLOYEE, do not use this form. A Request for Additional Pay or Expenditure Authorization form must be completed and routed to the Foundation for approval.

After Foundation approval, the form will be forwarded to Human Resources. The appropriate taxes, withholding, retirement, etc. will be deducted. The College, not the Foundation, will then issue a check to the recipient.

2. If the recipient is not a STATE OF SOUTH CAROLINA EMPLOYEE, have the recipient certify by signing below. Submit this form with a completed College of Charleston Foundation Check Request form. Both forms must be routed to the Foundation.

I certify that I am not a State of South Carolina Employee and, therefore, not subject to the South Carolina Dual Employment Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

SSN: .....

Home Mailing Address: .....

\_\_\_\_\_  
Home Phone No.: .....

Email Address: .....