

UW STUDY ABROAD

Field Advance Payment Form

Date: _____ Amount: _____ Currency: _____

Payment Method (Circle One): Cash Card

Name of Individual that Received Payment (Print in English if possible):

Payment was made for the following purpose (Circle One):

Gratuity/Tip Honorarium Services Taxi

Other (explanation required): _____

Note: Reimbursements are not allowed to UW employees through a Field Advance

DESCRIPTION OF SERVICES - INCLUDING DATES OF SERVICES:

SIGNATURES:

Recipient of Payment

In receiving this payment, I understand that I am responsible for all tax obligations associated with this payment.

Sign: _____ Date: _____

UW Employee

As a University of Washington employee, I certify that this payment is for the purpose listed above, and that I am responsible for reporting all 1099 information to central administration for U.S. citizens. In addition, for those recipients who may not speak English, I have explained to the recipient that they are responsible for all tax obligations in association with this payment.

Sign: _____ Date: _____