

New England Conservatory of Music Check Request

**Please ensure that valid documentation accompanies each check request, and allow 10 business days to complete payments.**

**Tax residency must be established for all payees before payments will be processed. Foreign nationals must be entered into NEC's tax administration program before payment can be made.**

- (1) This payee is  
 a US citizen or resident alien for tax purposes.  
 a foreign national.
- (2) This payment is for  
 an NEC Faculty/Staff member's  
 FEE for SERVICES  
 REIMBURSEMENT (excluding travel – use separate form)  
 OR  
 an NEC student receiving an  
 AWARD (Description) \_\_\_\_\_  
 SCHOLARSHIP (Description) \_\_\_\_\_  
 STIPEND (Description) \_\_\_\_\_  
 NEC BUSINESS EXPENSE (Description) \_\_\_\_\_  
 OR  
 a NON - NEC Faculty/Staff member or student for  
 FEE for SERVICES  
 REIMBURSEMENT
- (3) Attach  
 a completed W-9 form, if first time US payee.  
 copy of contract or letter for services.  
 receipts for reimbursement.
- (4) Disposition of check:  
 Hold payment in Business Office for pick-up  
 Mail Payment

Shaded areas for Business Office use only

1099 reportable?  
 Yes \_\_\_ Entered \_\_\_  
 No \_\_\_

1042S reportable?  
 Yes \_\_\_ Copy to Windstar \_\_\_  
 No \_\_\_

W-2 reportable?  
 Yes \_\_\_ Copy to payroll \_\_\_  
 No \_\_\_

W-9 Needed?  
 Yes \_\_\_ Received \_\_\_  
 No \_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Please Pay: \_\_\_\_\_  
 (Please Use Full Legal Name)

Address: \_\_\_\_\_  
 Number & Street City State Zip Code

Purpose/Description: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_ Due Date \_\_\_ / \_\_\_ / \_\_\_

Charge the following account(s):

Fund	Department	Object	Project	Source	Amount
					\$
					\$
					\$
					\$

Approved by: \_\_\_\_\_

\_\_\_\_\_  
**Voucher #**

\_\_\_\_\_  
**Vendor ID**

\_\_\_\_\_  
**Date Entered**

\_\_\_\_\_  
**Due Date**

\_\_\_\_\_  
**Entered by**

\$ \_\_\_\_\_  
**NRA Tax Withholding**  
 1-000-2006-000-0000

\$ \_\_\_\_\_  
**Net to Payee**