

**Phone** 

**Tax ID Number** 

### **Payment Request Form**

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Thurgood Marshall Center 1816 12th St. NW - 4th FL Washington, DC 20009 202 842-3900			
Payee Name Address Address City, State, Zip			

EXPENSE DETAIL	Account Num-				
	ber (Internal Use Only)	Account Name (Internal Use Only)	Section, Division, Region Name	Event/Purpose	Amount
Account:					
Account:			_		
Account:			-		
Account:			-		
				Total:	

Approvals	SIGNATURE	TITLE	DATE
		Requestor	
		Subpart Chair	
		CFO	
		President	
		Treasurer	

Submit Form and Supporting Documents to: PaymentRequest@nationalbar.org

	Request Paid:	Date:	Check #:	Amount: \$	
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## **Excerpt from Fiscal Policy**

#### Accounts Payable Management/Check Disbursement Process for NBA Subparts

The following procedures/guidelines shall be utilized by NBA Subparts when paying a vendor or requesting reimbursement from its internal NBA account or an approved outside account.

If a subpart seeks to pay a vendor or obtain reimbursement from its NBA internal account, it shall submit a copy of the following to the NBA office:

- Invoice
- Payment Request Form or Expense Reimbursement Form
- Vendor's completed W-9
- The signed Agreement(s) and/or documentation evidencing such contractual agreement, if applicable

The Payment Request Form shall be completed by the subparts' chairperson and/or director and approved by the subpart treasurer.

If a subpart hires a vendor utilizing its approved outside account, it shall maintain a copy of and submit the following documents to the NBA office:

- Signed Agreement(s), if applicable
- Invoice
- Approved Payment request
- Payment receipt
- Copy of the payment check (if applicable)
- Vendor's completed W-9

The sub-part treasurer shall maintain a file for each vendor. See NBA Record Retention Schedule above, pages 11-13. The following documents shall be placed in each vendor's file:

- Copy of the Check and one original payment stub.
- Original invoice
- Approved PRF
- Completed Vendor W-9
- Signed Agreement(s) and/or documentation evidencing such contractual agreement, if applicable

On a monthly basis, all disbursements must be reconciled against the subpart's outside bank account(s).



# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
e. ns on	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	☐ Trust/estate	Exempt payee code (if any)	
ty b	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶		
Individual/sole proprietor or S Corporation S Corporation Partnership Trust/estate  Individual/sole proprietor or Single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner.  Other (see instructions)  5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name and the company of			Exemption from FATCA reporting code (if any)	
ecif	Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)	
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)	
See		NATIONAL BAR	BAR ASSOCIATION	
0)	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
Par	t I Taxpayer Identification Number (TIN)			
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	70.0	curity number	
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 <i>How to get a</i>		<b>-</b>		
TIN, la	ater.	or		
	If the account is in more than one name, see the instructions for line 1. Also see What Name er To Give the Requester for guidelines on whose number to enter.	and Employer	identification number	
Par	t II Certification			
Unde	penalties of perjury, I certify that:			
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	) I have not been n	otified by the Internal Revenue	
3. I ar	n a U.S. citizen or other U.S. person (defined below); and			

4. 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.

		r, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments equired to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ►	Date ►	

### **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*.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.