



INDIANA UNIVERSITY
OFFICE OF STUDENT ORGANIZATION ACCOUNTS
Bloomington

STATEMENT OF SERVICE

DESCRIPTION OF SERVICE:

Description of Service, including date of service and name of student organization:

REQUIRED PAYEE INFORMATION:

Taxpayer Identification Number/Social Security Number: _____

Citizenship:

US Citizen/Permanent Resident Alien OR Non-Resident Alien/Visiting Presenter –International*

*(ADDITIONAL FORMS REQUIRED: W-8BEN, INTERNATIONAL SHORT TERM VISITOR TAX COVER SHEET, AND PHOTO COPY OF PAGE OF VISA WITH STAMP FOR ENTERING U.S.)

PAYEE AFFIRMATION:

I, _____, certify that I performed the services described above.
(PRINT LEGAL NAME)

I understand I may receive an IRS 1099 at the end of the year for tax reporting purposes.

Signature of Payee: _____ Date: _____

Payee's Telephone: (____)____ - _____ Payee's E-mail Address: _____

Payee's Remittance Address: _____

STUDENT ORGANIZATION APPROVAL:

Total Payment Amount: \$_____

Hourly rate: \$_____ and number of hours worked: _____

Organization Name: _____

Signature of Treasurer: _____ Date: _____

Signature of Advisor: _____ Date: _____