



This is an interactive module



Click the squares icon at top right to return to the home page from any slide



Click menu options to move directly to the information you need.



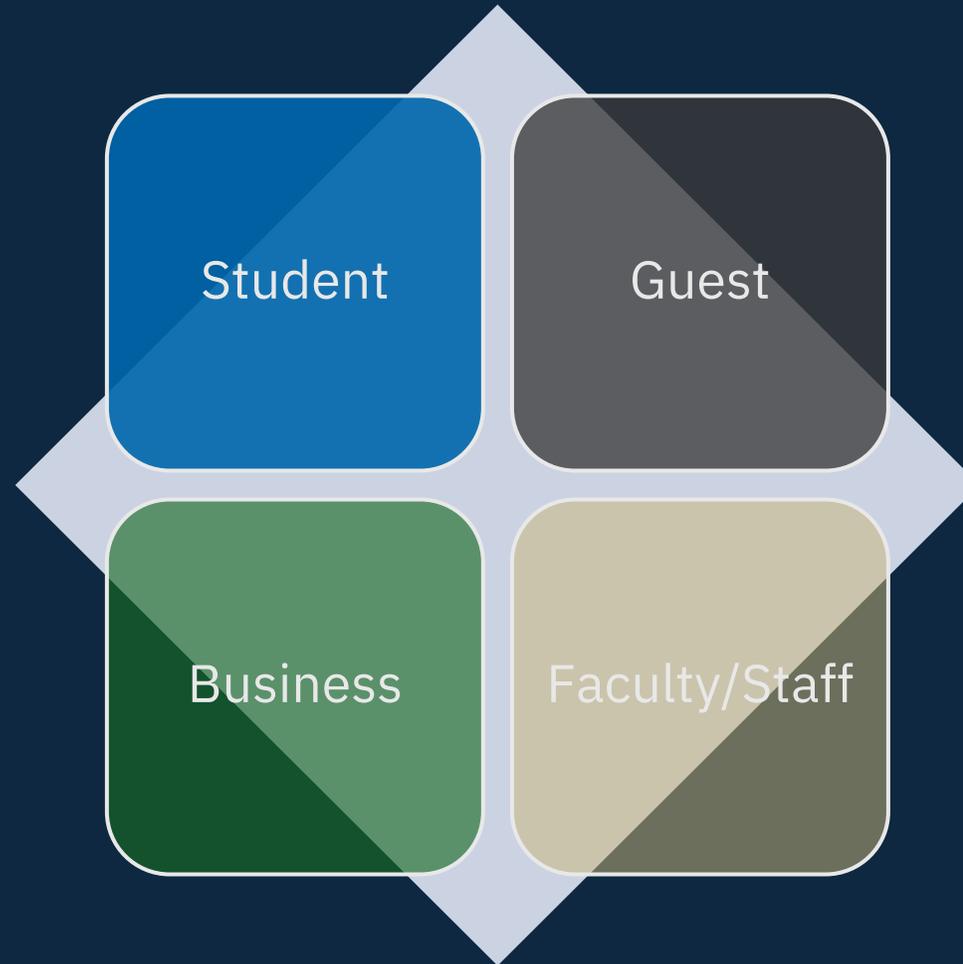
Click on any form image to link to the online fillable pdf



The gold folder links to a secured upload folder where sensitive information can be safely delivered. This is a good option for W9s containing personal SSNs. Copy the link into email or messages to share it with the payee.



Who needs to be paid?



Student

- Reimbursement
- Services, not employed on campus
- Services, employed on campus

Note: even if a student doesn't work for YOUR department, if they are employed anywhere on campus you will select "employed on campus".

Student

Reimbursement

Submit Check Request and Receipts to ap@andrews.edu

Reset Form

CHECK REQUEST

ANDREWS UNIVERSITY, Accounts Payable

ID# Date

Payee Account Number

Address second account

Amount

Choose One:

Hold Mail Contact information for HCLDs

Information you want on check stub:

Please give a brief explanation of what payment is for:

Approved for Payment: also verifying residence / visa status if required

If this payment is for independent services, rent, royalties, honorariums etc., it is tax reportable to the payee and you must fill in the following:

By my signature appearing above, I hereby certify that I have personal knowledge of the Payee's citizenship or residency status and that I have asked the Payee whether he or she is a citizen or permanent resident alien of the United States.

Payee is US citizen or permanent resident: Yes **REQUIRED W-9** Attached OR Confirmed previously on file.

NO **REQUIRED W-9** Attached. Payee has been notified that they will need to complete a Glacier tax profile before they can receive payment.

If Payee is NOT a US Citizen or permanent resident, please specify the immigration status. Type of visa:

B1 B2 F-1 J-1 H-1B Other

Check Request must be signed by department head

W9s are NOT needed for reimbursement

Order Summary

Order placed October 15, 2025 Order # 111-4430087-6288251

Ship to	Payment method	Order Summary
Rhoda Johnson 8825 GEORGE AVE BERRIEN SPRINGS, MI 49103-1407 United States	Visa ending in 7494 View related transactions	Item(s) Subtotal: \$14.39 Shipping & Handling: \$0.00 Total before tax: \$14.39 Estimated tax to be collected: \$0.00 Grand Total: \$14.39

Delivered October 18
Package was left inside the residence's mailbox

Pee's Coffee, Dark Roast Whole Bean Coffee - Major Dickason's Blend 18 Ounce Bag
Sold by: Amazon.com
Supplied by: Other
Return window closed on November 17, 2025
\$14.39

Receipts must include:

- Vendor name
- Date
- Payment Method
- Amount
- Items Purchased

Walmart
Save money. Live better.

WAL-MART
2699276025 MIT - WILLIAM
BENTON HARBOR, MI
STW 2062 OPB 9010 TRF 10 TRW 4063

RM 1605 12P 088190468889	10.47
RED OAK GIN 070801682621	2.95
SUBTOTAL	22.27
TAX 1 6 %	1.34
TOTAL	23.61
WMP VISA CREDIT TEND	23.61
WMP VISA **** * 9961	
CHANGE DUE	0.00

ITEMS SOLD 5

TC# 2540 4378 4064 1633 8428

10/24/25 16:46:20



Student

Services, not employed on campus

Submit Check Request to ap@andrews.edu

Reset Form

CHECK REQUEST
ANDREWS UNIVERSITY, Accounts Payable

ID# _____ Date _____
Payee _____ Account Number _____
Address _____ second account _____
Amount _____

Choose One:
 Hold
 Mail

Contact information for HCLDs: _____
Information you want on check stub: _____

Please give a brief explanation of what payment is for: _____

Approved for Payment. *Indicating residence / visa status if required*

If this payment is for independent services, rent, royalties, honorariums etc., it is tax reportable to the payee and you must fill in the following:

By my signature appearing above, I hereby certify that I have personal knowledge of the Payee's citizenship or residency status and that I have asked the Payee whether he or she is a citizen or permanent resident alien of the United States.

Payee is US citizen or permanent resident: Yes **REQUIRED W-9** Attached OR Confirmed previously on file.
 NO **REQUIRED W8-BEN** Attached. Payee has been notified that they will need to complete a Glacier tax profile before they can receive payment.

If Payee is NOT a US Citizen or permanent resident, please specify the immigration status. Type of visa: B1 B2 F-1 J-1 H-1B Other

Check Request must be signed by department head

W9s are **REQUIRED** for payment for services

Form W-9
Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave the line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following three boxes:
 Individual/sole proprietor or single-member LLC
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (S-C corporation, C-C corporation, P-Partnership) in the space below.
 Other (see instructions)

4 Exemption from reporting (see instructions on page 9).
Exempt payee code (if any): _____
Exemption from FATCA reporting code (if any): _____
Payee is a U.S. person (see the U.S. person instructions on page 9).

5 Address (number, street, and apt. or suite no.) (see instructions).
Requester's name and address (optional): _____

6 City, state, and ZIP code _____

7 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. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification
Under penalty of perjury, I certify that:
1. 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
2. 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
3. I am 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 this certification, but you must provide your correct TIN. See the instructions for Part I, 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/Form990.

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-MSB (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-D (proceeds from real estate transactions)
• Form 1099-K (merchant card and third-party network transactions)
• Form 1099-L (home mortgage interest), 1099-E (student loan interest), 1099-F (Roth IRA)
• Form 1099-C (cancelled 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.

Cat. No. 50201X Form W-9 (Rev. 10-2018)

1 Name

3 Check "individual/sole prop."

5 and 6 Address

SSN

Sign and Date

Link to secure upload folder



Student

Services, employed on campus

Andrews University
One Time Payment Request
 Office of Human Resources

This form is to be used as payment instructions only for PROJECT BASED WORK or as an HONORARIUM and meets the following guidelines:

- One time payments are for current Andrews University employees
- For payment of services not already accounted for through other earnings
- Work or services performed is limited to one event or a relatively short amount of time; must be reported in pay period worked
- There is no intent on the part of the department to establish a continuing employment relationship
- Overtime will be processed if total employee hours, INCLUDING hours from one-time pay, exceed 40 in a given week

Name: _____ Andrews ID #: _____

Department: _____ Current Employee Class: Hourly Salaried

Amount of Payment: _____ For week of (beginning date of week worked): _____

Total Hours Worked: _____

Please provide detailed information about the project:

	Fund	Org	Account	Program	Activity Code	%
Account(s) to be charged:	-	-	-	-	-	

Supervisor: _____ ID #: _____ Date: _____

Updated 3/2016

One Time Pay Request
PAYROLL DEPARTMENT
payroll@andrews.edu

Faculty/Staff

Reimbursement

Services

Faculty/Staff

Reimbursement



[Click link](#)



Faculty/Staff

Services

Andrews University
One Time Payment Request
 Office of Human Resources

This form is to be used as payment instructions only for PROJECT BASED WORK or as an HONORARIUM and meets the following guidelines:

- One time payments are for current Andrews University employees
- For payment of services not already accounted for through other earnings
- Work or services performed is limited to one event or a relatively short amount of time; must be reported in pay period worked
- There is no intent on the part of the department to establish a continuing employment relationship
- Overtime will be processed if total employee hours, INCLUDING hours from one-time pay, exceed 40 in a given week

Name: _____ Andrews ID #: _____

Department: _____ Current Employee Class: Hourly Salaried

Amount of Payment: _____ For week of (beginning date of week worked): _____

Total Hours Worked: _____

Please provide detailed information about the project:

Account(s) to be charged:	Fund	Org	Account	Program	Activity Code	%
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Supervisor: _____ ID #: _____ Date: _____

Updated 3/2016

One Time Pay Request
PAYROLL DEPARTMENT
payroll@andrews.edu

Business

Invoice For Goods

Invoice For Services

Statements

Quotes and Deposits



Invoice For Goods

Business

Invoice 1717635-1

Page 1 of 1



Remit To:	Invoice	1717635-1	Date	17-Nov-2025
KSS Enterprises	PO Number	Email Tina	10/21/25	
PO Box 7410965	Order Date	21-Oct-2025		
Chicago, IL 60674-0965	Ship Date	17-Nov-2025		
Phone #: (269) 349-6637	Terms	Net 30		
Fax #: (269) 349-6639	Due Date	17-Dec-2025		
	Carrier	FLT-96-FEDEX		

Bill To:	Ship To:
Andrews University - Womens Dorm	Andrews University -Lamson Hall
Accounts Payable	8585 University Boulevard
4150 Administration Drive	Attn: Housekeeping
Berrien Springs MI 49104-0720	Berrien Springs MI 49104
	Diana 861-1537 or Tom 845-6313

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
Soap Dispenser, 30oz. Gray, #9331	200250_EA	11	11	0	14.19 N	\$156.09
For Bulk Hand Soaps						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						Merch Total \$156.09
						Taxable Sales \$0.00
						0.0% Sales Tax \$0.00
						Salesman 6030 \$0.00
						Cust Acct BH0001065 Fuel Surcharge \$0.00
GO GREEN-Sign up for electronic invoices by emailing AR@KSSENTERPRISES.COM today!						Ppd Deposit \$0.00
						Total Due \$156.09

REQUIRED for payment
Add directly to invoice:

1. Authorization Signature by Department Head
2. FOAPAL
3. Date submitted to Accounts Payable
ap@andrews.edu

John Doe
11-0000-9510-90
Submitted 11/21/25



Business

Invoice For Services

John Stroup
Piano Technician
1047 N. O'Brien St.
South Bend, Ind. 46628
574-287-7554
e-mail: junet@jstroup@aol.com

SERVICE ORDER

SERVICE FOR: Howard Performing Arts Center
4160 E Campus Cir Dr.
Berrien Springs, MI 49104

DATE: July 17, 2025
INVOICE NO. make style model serial number

SERVICE DESCRIPTION			
Fri, July 11	Steinway (cg) D #335488 Yamaha (gr) C7 #5816461		\$100.00 \$100.00
			\$200.00

11-0000-9510-80-000023
John Doe
Submitted 3/14/26

MAKE CHECKS PAYABLE TO: John Stroup

NOTES:

Form W-9 Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave the line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following boxes:

4 Exemption code (if any). See instructions on page 9.

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 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.

Part II Certification

Under penalty of perjury, I certify that:

1. 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

2. 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

3. I am 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 this certification, but you must provide your correct TIN. See the instructions for Part I, 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/form990.

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-G (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)
- Form 1099-L (home mortgage interest), 1099-E (student loan interest), 1099-T (Roth IRA)
- Form 1099-C (cancelled 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.

Cat. No. 502019X Form W-9 (Rev. 10-20-2018)

1 Name

3 Check "individual/sole prop."

5 and 6 Address

SSN

Sign and Date

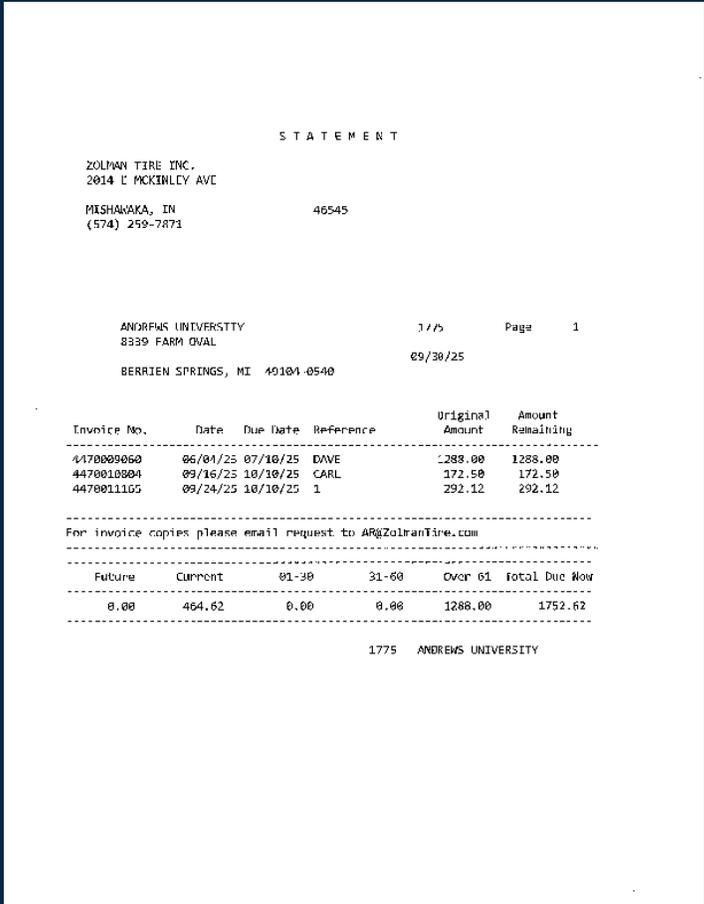
All Vendors must have a current W9 on file at Accounts Payable. ap@andrews.edu

- REQUIRED for payment
Add directly to invoice:
1. Authorization Signature by Department Head
 2. FOAPAL
 3. Date submitted to Accounts Payable ap@andrews.edu



Business

Statements



Statements are summaries of account activity.

They will list purchases, payments, credits and current balances. They are generally NOT acceptable for payment request but sometimes are needed to pay late fees and to take credits.

If you receive a statement showing outstanding balances, you need to find or request copies of the invoices or credit memos to submit.

Email Accounts Payable if you are unsure. ap@andrews.edu



Business

Submit Check Request to ap@andrews.edu

Quotes and Deposits

[Click here for W9 instructions](#)

Check Request must be signed by department head

W9s are **REQUIRED** for payment for rentals, logo printing on clothing, speakers and performances

Reset Form

CHECK REQUEST

ANDREWS UNIVERSITY, Accounts Payable

ID# _____ Date _____
 Payee _____ Account Number _____
 Address _____ second account _____
 Amount _____

Choose One:
 Hold
 Mail

Please give a brief explanation of what payment is for: _____
 Information you want on check stub: _____

Approved for Payment: _____
#ocertifying residence / visa status if required

If this payment is for independent services, rent, royalties, honorariums etc., it is tax reportable to the payee and you must fill in the following:

Payee is US citizen or permanent resident Yes **REQUIRED W-9** Attached OR Confirmed previously on file.
 No **REQUIRED W-9** Attached. Payee has been notified that they will need to complete a Glacier tax profile before they can receive payment.

If Payee is NOT a US Citizen or permanent resident, please specify the immigration status. Type of visa: B1 B2 F-1 J-1 H-1B Other



Adventist Frontier Missions

Reaching the Unreached

ATTN: AFM Center
 PO Box 286
 Berrien Springs, MI 49103-0286
 p: 269.473.1023
 e: afmcenter@afmonline.org

Rent for accommodations #227

DATE: JULY 8, 2024

To: Student Life Division Andrews University – Patricia Fitting For: August 24, 2024
 Contact: fittingp@andrews.edu

DESCRIPTION	AMOUNT
Fireside Room 1/2 day - \$341	\$396
Utility/Maintenance Fee - \$55	
Refundable security deposit:	\$165
Fireside Room - \$165	
TOTAL	\$561.00*

If you have any questions please contact
 Anya Neveall at 804.720.0670
 Alex Wredberg at 406.750.1039
afmcenter@afmonline.org
 Blessings!

*Rental charges due five(5) working days prior to event. Credit card number/check/cash held as security deposit up to two(2) weeks after rental and then returned or destroyed. Reservation cancellations less than two(2) weeks before scheduled event will forfeit half of security deposit. Securing security/reservation deposit confirms reserve has read and agreed to AFM Center's General Policies and Guidelines & Lease agreement documents.

The Vendor must supply a quote for prepayment and deposits.

W-9 Request for Taxpayer Identification Number and Certification

Form (Rev. October 2018)
 Department of the Treasury
 Internal Revenue Service

Give Form to the requester. Do not send to the IRS.
 Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave the line blank.

2 Business name (disregarded entity name, if different from above)

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3)

5 Example payee code (if any)

6 Exemption from FATCA reporting code (if any)

7 Other (see instructions)

8 Address (number, street, and apt. or suite no.) (See instructions.)

9 City, state, and ZIP code

10 List account number(s) here (optional)

11 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Other than 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, line 1. 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. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

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 acting 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 interest 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.

Sign Name _____ 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 tax payer identification number (TIN) from you. If you have 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. Complete if 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 1099-TR (mortgage interest), 1099-C (student loan interest), 1099-T (Roth IRA)
- 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.

Form W-9 (Rev. 10-2018)

Guest

Reimbursement

Services

Guest

Reimbursement

Submit Check Request and Receipts to ap@andrews.edu

Check Request must be signed by department head

W9s are NOT needed for reimbursement

Reset Form

CHECK REQUEST

ANDREWS UNIVERSITY, Accounts Payable

ID# Date

Payee Account Number

Address second account

Amount

Choose One:

Hold Mail Contact information for HCLDs

Information you want on check stub:

Please give a brief explanation of what payment is for:

Approved for Payment: also certifying residence / visa status if required

If this payment is for independent services, rent, royalties, honorariums etc., it is tax reportable to the payee and you must fill in the following:

By my signature appearing above, I hereby certify that I have personal knowledge of the Payee's citizenship or residency status and that I have asked the Payee whether he or she is a citizen or permanent resident alien of the United States.

Payee is US citizen or permanent resident: Yes **REQUIRED W-9** Attached OR Confirmed previously on file.

NO **REQUIRED W8-BEN** Attached. Payee has been notified that they will need to complete a Glacier tax profile before they can receive payment.

If Payee is NOT a US Citizen or permanent resident, please specify the immigration status. Type of visa:

B1 B2 F-1 J-1 H-1B Other

Order Summary

Order placed October 15, 2025 Order # 111-4430087-6288251

Ship to	Payment method	Order Summary
Rhoda Johnson 8825 GEORGE AVE BERRIEN SPRINGS, MI 49103-1407 United States	Visa ending in 7494 View related transactions	Item(s) Subtotal: \$14.39 Shipping & Handling: \$0.00 Total before tax: \$14.39 Estimated tax to be collected: \$0.00 Grand Total: \$14.39

Delivered October 18
Package was left inside the residence's mailbox

 Peet's Coffee, Dark Roast Whole Bean Coffee - Major Dickason's Blend 18 Ounce Bag
Sold by: Amazon.com
Supplied by: Other
Return window closed on November 17, 2025
\$14.39

Walmart 
Save money. Live better.

WAL-MART
2699276025 MIT - WILLIAM
BENTON HARBOR, MI
STW 2062 OPB 9010 TRF 10 TRW 4063

RM 1605 12P 088190468889	10.47
RED OAK GIN 070801682621	2.95
SUBTOTAL	22.27
TAX 1 6 %	1.34
TOTAL	23.61
WMP VISA CREDIT TEND	23.61
WMP VISA **** * 9961	
CHANGE DUE	0.00

ITEMS SOLD 5

TC# 2540 4378 4064 1633 8428



10/24/25 16:46:20

Receipts must include:

- Vendor name
- Date
- Payment Method
- Amount
- Items Purchased



Guest

Submit Check Request to ap@andrews.edu Services

Reset Form

CHECK REQUEST
ANDREWS UNIVERSITY, Accounts Payable

ID# _____ Date _____
Payee _____ Account Number _____
Address _____ second account _____
Amount _____

Choose One:
 Hold
 Mail
Contact information for HCLDs: _____

Please give a brief explanation of what payment is for: _____
Information you want on check stub: _____

Approved for Payment. *Indicating residence / visa status if required*

If this payment is for independent services, rent, royalties, honorariums etc., it is tax reportable to the payee and you must fill in the following:

By my signature appearing above, I hereby certify that I have personal knowledge of the Payee's citizenship or residency status and that I have asked the Payee whether he or she is a citizen or permanent resident alien of the United States.

Payee is US citizen or permanent resident: Yes **REQUIRED W-9** Attached OR Confirmed previously on file.
 NO **REQUIRED W-9** Attached. Payee has been notified that they will need to complete a Glacier tax profile before they can receive payment.

If Payee is NOT a US Citizen or permanent resident, please specify the immigration status. Type of visa: B1 B2 F-1 J-1 H-1B Other

Check Request must be signed by department head

W9s are **REQUIRED** for payment for services

Form W-9
Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave the line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following boxes:
 Individual
 Sole proprietor or single-member LLC
 Limited liability company, Enter the tax classification (LLC, S-Corporation, P-Partnership)
 Partnership
 Trust/estate
 Other (see instructions)

4 Exemption (if any) (see instructions on page 9)
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
Payee is a U.S. person (see instructions)

5 Address (number, street, and apt. or suite no.) (see instructions).
City, state, and ZIP code
Requester's name and address (optional)
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. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification
Under penalty of perjury, I certify that:
1. 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
2. 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
3. I am 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.

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/Form990.

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-C (proceeds from real estate transactions)
• Form 1099-K (merchant card and third-party network transactions)
• Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-F (Roth IRA)
• Form 1099-C (cancelled 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.

Sign Here: Signature of U.S. person Date

Cat. No. 502019X Form W-9 (Rev. 10-2018)

1 Name

3 Check "individual/sole prop."

5/6 Address

SSN

Sign and Date

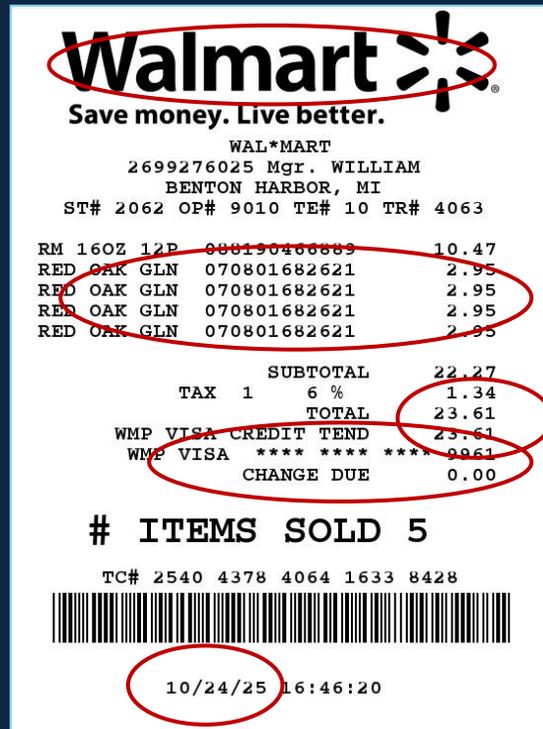
Link to Secure Upload Folder

Terminology





Receipts – what qualifies?

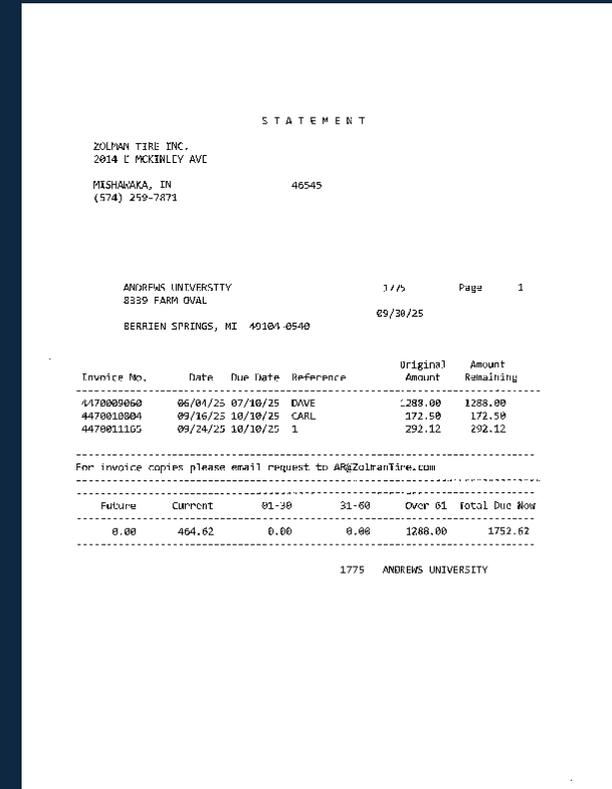
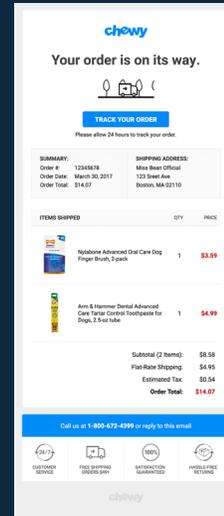


A receipt may take many forms (i.e. cash register receipt, copy of an order form, web receipt or confirmation).

A receipt must identify:

- date of purchase
- vendor name
- item(s) purchased
- price of each purchased item(s)
- total amount of bill
- method of payment

Sales Documentation



- **RECEIPT = Proof you PAID** (use for reimbursement)
- **INVOICE = Request for payment** (submit to AP, never pay yourself)
- **ORDER CONFIRMATION = Just placed order** (tracking only)
- **ACCOUNT STATEMENT = Summary** (reconciliation only)

IRS Regulations





Policies

[Business Meal and Business Entertainment Policy](#)

[Gift Policy \(Employee and Non-employee\)](#)

[Travel Expense Policy](#) (eff. 2/15/22)



Which Forms do you need?

We know this can be complicated – Tax Laws require different forms and processing depending on what payment is for and employment status.

Payee	Service/ Honorarium	Reimbursement/ Goods Purchased
Student, Employed on Campus	One-time Pay PAYROLL	Check Request Receipts Accounts Payable
Student, NOT Employed on Campus	Check Request W9 Accounts Payable	Check Request Receipts Accounts Payable
Faculty/Staff	One-time Pay PAYROLL	Chrome River
Guest	Check Request W9 Accounts Payable	Check Request Receipts Accounts Payable
Business	Invoice W9 Accounts Payable	Invoice W9 Accounts Payable
Foreign Non-employee	Check Request W8-BEN Accounts Payable	Check Request Receipts Accounts Payable

Note: paying for services to a foreigner has complicated tax implications. Please contact the Financial Records office for instructions ap@andrews.edu



Office of Financial Records