

Directions: For Contractor or Staff/Volunteers to complete for reimbursements and payments. If you do not send invoices for you goods or services, then complete this form upon completing your work. Without this form or an invoice, we will be unable to pay you.

Printed Full Legal Name:	
Description of Goods or Services Provided:	
Date Goods or Services were Provided:	
Total Requested:	
INDEPENDENT CONTRACTORS ONLY:	
Have You Submitted an I.R.S. Form W-9?	<input type="checkbox"/> Yes <input type="checkbox"/> No – If not, then, please attach a completed and signed form. We are required by law and Archdiocesan policy to collect this information.
Contractor to provide the following information if this is either your first time completing this form or if your information has changed. Please, check the appropriate box in the next column. <p style="text-align: center;">➡➡➡➡➡➡</p>	<input type="checkbox"/> This is my first time completing this form <input type="checkbox"/> This is a change of address, I have noted only the items that have changed <input type="checkbox"/> I have previously submitted this form and none of my information has changed
Contractor's Mailing Address:	
Contractor's Telephone Number:	
Contractor's e-Mail Address:	

Signature

Date Signed

Business Office Approval By:

Printed Name and Initials

Date Approved