



**Arizona Western College
Sponsored Services Claim**

Date: _____

This form is to be completed by the Invitee and turned in after completion of the services if remuneration is provided.* Please include supporting documents, if any, for payment. Attach receipts for lodging and travel if it was by common carrier. If travel was by private vehicle show, exact number of miles traveled. Original receipts for meals are required. Travel reimbursement should not exceed the thresholds allowable by the State of Arizona. Meals and lodging are subject to the Arizona State Travel reimbursement guidelines limits and eligibility. Lodging up to \$94.00 and meals \$45.00 daily (\$9 breakfast, \$12 lunch, \$24 dinner).

Please sign, date and turn into the requesting AWC department at the completion of the service.

Invitee: _____

Total amount owed for services \$ _____ Date of Service: _____

I have completed the services requested and the amount above is due and payable in N30 (net) days. I also certify that (circle one) **I AM / AM NOT** subject to backup withholding and have provided Arizona Western College with my correct EIN/SSN on the submitted W-9 form.

Invitee signature

Date

*This form may be submitted for payment.

Department Approval

The invitee has completed the services described in the Sponsored Services Request form and payment is authorized. Please send this completed form to Accounts Payable for payment processing

Department Name

Date

Print signer's name

Title

Authorized signature

Date