



Payee Certification

I, (print payee name) _____, hereby certify that all charges and/or reimbursements pertain to Indiana University business. The payment amount requested is payment due after allowing for all credits. No part of the same has previously been paid by, or will be paid by, another source.

\$

Payment Amount¹

Payee Signature

Date

Payee Email

Payee Address

¹ Payment amounts must be exact.

This form should be used as substantiation documentation, in lieu of an invoice or contract, for the following Check Request Forms ONLY:

**Payment to Research Participant
Honoraria/Guest Speakers/Entertainers**

Review and approval by Fiscal Officer will occur during appropriate document routing.