

Payee Information | *Required Fields

(ALZ use only) Respite/Family Respite/Services NonStaff Travel

Chapter Number: _____

Current Vendor Number: _____

*Invoicing Currency (USD Preferred) _____

*Name _____

*Phone _____

*Address _____

Fax Number _____

*Remit to Address _____

*Primary Contact _____

(If Different) _____

*Primary Email _____

*Country/Province _____

*Accounts Receivable Contact _____

*Accounts Receivable Email _____

*Fed. Tax ID / VAT _____

*Accounts Receivable Phone _____

*Attached (If Applicable) W-9 / W-8: Foreign Vendor Doing Business in US *Is Vendor a Law Firm or Attorney? Y N

ELECTRONIC PAYMENT INFORMATION (ACH/ WIRE)

*Bank Name _____

For Non-US Accounts

*Bank Address _____

*Bank Country _____

*City, State _____

*Swift Code/BIC _____

*Phone _____

*IBAN # _____

*Bank Account Name _____

*Intermediary Bank Name _____

*Routing/ABA (US Accts Only) _____

*Intermediary Routing/ABA/Swift _____

*Account Number _____

*Intermediary Account Number _____

*Account Type Checking Savings

PAYMENT METHODS | *Select One: ACH (Preferred) Wire (Intnl. Only)

APPROVALS

*Payee _____

Signature

Printed Name

Date

*Alzheimer's Requestor

Signature

Printed Name

Date

*(ALZ use only) What is the reason for payment _____