

Utah Valley University
Receipt of Compensation Form (RCF)

I _____ have received or am requesting compensation in the amount indicated below.

Amount: _____ OR Value of Property: _____

Event: _____

Utah Valley University is required to maintain the confidentiality of information about research study participants and award recipients while still complying with record keeping requirements of the State of Utah, the Internal Revenue Service (IRS), and funding agencies.

Print Name

Phone Number

Are you an employee of UVU?
YES NO
Full-time Part-time Student Part-time

UV ID Number

OR

Social Security Number Or Individual Tax Payer Identification Number

Record your UV ID Number or your Social Security Number/Individual Taxpayer Identification Number. This information will be used to file a Form 1099 only if all payments received from UVU total \$600 or more.

Address City State Zip Code

Record your complete address. Sign and date the document. Your signature certifies that you are not subject to backup withholding due to failure to report interest and dividend income.

Signature

Date

UVU Department: _____

Department Contact: _____ Phone: _____

UVU Personnel: Research participants may be given the opportunity to participate without receiving payment if they choose not to complete this receipt form.

Submit completed form to Accounts Payable (MS 109) within 10 business days of presentation of gift/award.

If a UVU check needs to be issued for payment, submit Check Request with responsible party and VP approval to the Accounts Payable Office (MS109) including detailed description of award purpose.

Contact the UVU Payroll Office for additional information regarding payments to a foreign national prior to performance of the compensable activity.