

PR _____


In Lieu of Invoice

Please use this form to request payment in situations where it is not possible or appropriate for the vendor or individual to provide an invoice, e.g.: refunds, honoraria, prizes, or fellowship payments. **All fields are required.**

INVOICE NUMBER: _____ (HBS Fin Office Use Only)

INVOICE DATE: _____ (HBS Fin Office Use Only)

AMOUNT OF PAYMENT: _____ 



NAME OF INDIVIDUAL/VENDOR: _____ 



REASON FOR PAYMENT:


- | | | | |
|---|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> REFUND | <input type="checkbox"/> HONORARIUM | <input type="checkbox"/> PRIZE /AWARD | <input type="checkbox"/> ROYALTY |
| <input type="checkbox"/> FELLOWSHIP/GRANT | <input type="checkbox"/> DONATION | <input type="checkbox"/> OTHER | |

IF 1042S VENDOR, FUNDS SPENT:  INSIDE US OUTSIDE OF THE US - LOCATION: _____

**BUSINESS DESCRIPTION:
(FELLOWSHIP/PRIZE NAME)**

PREPARED BY: _____  (FIRST & LAST NAME) **PHONE #** _____ 

LEGAL MAILING ADDRESS: _____ 

CHECK MAILING ADDRESS: _____

US CITIZEN/PERMANENT RESIDENT: Y N 

SOCIAL SECURITY/TIN: _____ *Please attach W-9 or Foreign Individual Vendor Request Form*

CURRENT HARVARD STUDENT: Y N 

HUID: _____ 

33 DIGIT CODING: _____ 

AUTHORIZED SIGNER: _____ 

