**IACCP PAYMENT REQUEST FORM**

**A.**--The **requester of funds** should first complete items 1,2 and 3 below. This ensures the purpose and amount of the payment are recorded correctly.

**B.** --Submit a separate form for each intended payment recipient; our bank requires specific information about each recipient.

**C.** –After completing items 1,2 and 3 below, the requester should forward the form to the intended **recipient of funds,** who should complete parts 4 and 5.

**D. –Once completed,** email this form to [treasurer@iaccp.org](mailto:treasurer@iaccp.org) . Please do not send this to the Treasurer until the information **for all 5 items** has been completed. Our bank will reject payment requests with incomplete information.

**E.** –On the subject line of the email, put the following: “IACCP PAYMENT FOR XXXX” where XXXX is the name of the recipient. This ensures that a payment request is recognized and processed as soon as possible.

**F.** Note that our bank—Bank of America—issues all international payments in the local currency. If your bank is set up in US dollars, please contact them to convert your payment; the treasurer has no control over this process. Any payments made to US banks will be made in US dollars.

**G.** **If your payment is $600 or more,** after completing this Request Form, see the notice at the bottom of this document regarding mandatory completion of an additional form required by the US Internal Revenue Service for all payments of $600 or more. This must be submitted along with this Request Form to complete the payment process. [THIS STEP DOES **NOT** APPLY TO YOU IF YOU ARE REQUESTING A REIMBURSEMENT FOR TRAVEL EXPENSES—THIS ONLY APPLIES IF IACCP IS GIVING YOU AN AWARD, HONORIUM, OR OTHER TYPE OF PAYMENT. ALL TRAVEL FUNDS (EVEN IF FOR AN AWARD) ARE TREATED AS REIMBURSEMENTS AND DO NOT NEED TO FILE THE ADDITIONAL TAX FORM. ]

**1)** Name and position of IACCP member making funding request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** Description of purpose of payment (specify if this is an award, grant, publication, conference, special project, etc):

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**3)** Amount requested (specify currency):

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**4) a**. Has this recipient received a payment from IACCP in the past?

Yes \_\_\_\_ (complete 4.b.) No\_\_\_(skip to item 5)

**b.** If yes, has the recipient’s home address or bank information changed since that earlier payment? Yes \_\_\_\_\_ (complete item 5) No\_\_\_\_\_(form is complete if you indicate

past payment information provided to IACCP is still correct)

Explanation for 4a. and 4b.: If this recipient has received a payment from IACCP in the past and their address and bank information have not changed, this will expedite payment.

--> Important: if recipient received a past payment from IACCP and any address or bank information has changed, indicate this in 4.b. and fully complete 5.a. or 5.b., or payments may be sent to the wrong location (explanation: our bank retains past recipients’ names and we want to avoid confusing that record with the updated correct information)

**5)** If the recipient resides in the United States (or wishes to have funds send to US address), complete **5.a.** If recipient resides outside the United States, complete **5.b.**

**5.a.** **US PAYMENTS--** Information needed for United States payments. Payments will be sent via **mailed bank check to US address**. --> (Or: If recipient uses Zelle, provide Zelle contact information and an instant payment can be sent.)

Recipient’s name and mailing address

Recipient’s email address and phone number :

Optional: Zelle contact information (either your phone number or email address that you have already arranged with your bank):

**5.b.** **INTERNATIONAL PAYMENTS--** Information needed for International Bank payments (please provide complete information—to avoid bank fraud concerns, Bank of America requires this to be complete or it will reject payments).

Recipient’s name:

Recipient’s address, including country and postal code:

Recipient’s email address:

Bank name (provide complete bank name; do not use initials):

Bank street address, including country and postal code: ﻿

Recipient’s Bank account number:

Bank’s IBAN and/or SWIFT and/or BIC (Bank Identifier Code) number (indicate which type of number you are providing):

**(OPTIONAL) 6.** **REIMBURSEMENT OF BANK FEES FOR** **INTERNATIONAL PAYMENTS--**

A few recipients of payments have reported that their own bank charges a fee for funds that are wired into their account. The IACCP Executive Committee has approved repaying this fee for recipients—but only if the request is included with the initial payment request. Therefore, if recipients wish to receive this bank fee reimbursement, they need to check with their bank \*before\* submitting this form so that the bank fee can be included in the initial wired payment. (Otherwise, if we send the bank fee reimbursement separately, then the bank will apply another fee to that second payment.)

**To document** the fee that your bank charges for wired fees, please attach to your payment submission a screen shot (.jpg or .pdf format) of EITHER the web page that explains the amount of the bank charge (it will either be a flat fee or a percentage of the total amount sent), or the written document obtained from your bank that describes the fee for wired funds. In either case, the name of your bank MUST also be included in that screen shot or we cannot accept it.

**PLEASE NOTE THE FOLLOWING IS REQUIRED FOR PAYMENTS TO INDIVIDUALS FOR SERVICES THAT TOTAL $600 OR MORE:**

The following payments paid in the course of our business will require us to file a form 1099-NEC to the U.S. Internal Revenue Service at the end of each calendar year for:

1) Payments made for personal services of $600 or more per individual. Examples of personal services include bookkeeping, editorial, laboratory, repairs, management, consultants and other professional assistance to name a few.

2) Payments for personal services of $600 or more to individuals or corporations that provide legal services.

**This list is not all inclusive, but covers the most frequently types of services that may require us to issue 1099 forms. Additional information can be obtained at WWW.IRS.GOV**

**If you are a US citizen and currently live in the US,** please fill out the *W-9 form* (attached, if relevant to you) and provide us with your name, address and social security number. Unlike corporations and partnerships, 1099s issued to self-employed individuals must have their actual name and social security number, not their trade/business name or federal tax ID#.

**If you are not a citizen of the United States,** *form W-8BEN* (attached, if relevant to you) should be filled out instead of form W-9.

**Finally, if you are a US citizen and you currently reside outside the US,** complete *both* Form W-9 and form W-8BEN (again, both will be attached if relevant to you).

Once completed, please submit this with your completed IACCP payment form to [treasurer@iaccp.org](mailto:treasurer@iaccp.org) .

If you have any questions, please let me know, using the above email address.

Jason Young

Treasurer, IACCP