

Archdiocese of New Orleans Independent Contractor Payment Request Form

*This form must be completed by all 1099 contractors of the Archdiocese of New Orleans who have not provided their own invoice to request payment

Contractor Information			
Name:		Check Payable To:	
Address:			
City:		State:	
Email:		Phone Number:	

Describe the services to be provided in detail (Work type, times, frequency, location)

Date Range or Job Completion Date (mm/dd/yyyy)

Rate & Payment Information		
Number of Hours:	Hourly Rate:	Total Amount:

*Payment will be processed and mailed directly to the address above after services have been provided and accounting has verified that a completed Form W-9 is on file. Please complete the attached Form W-9 if one has not been previously provided.

Mileage Reimbursement		
Number of Miles:	X 2020 IRS Standard Rate: \$0.575 / Mile	Total Amount:

*Request for mileage reimbursement must be preapproved.

Miscellaneous Reimbursement	
Item/Description	Amount

*Request for miscellaneous reimbursement must be preapproved. Payment of miscellaneous amounts will only be made with proper supporting documentation attached to this request.

Signature of Contractor Requesting Payment	
By signing this form, I am certifying that 1) I am a U.S. Citizen, U.S. Resident Alien, or Other U.S. Person (as defined on the Form W-9); 2) I am not an Archdiocese of New Orleans employee; 3) I have provided the services described above to the Archdiocese of New Orleans in accordance with all mutually agreed upon requirements; and 4) I agree to the terms of payment described above.	
Contractor Signature:	Date:

Approved By:	
ANO Representative Signature:	Department:

