

Legal Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 SSN \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_

W-9: Attached On File

Date	OAK/SF	In	Out	Total Hrs.	Rate	Total Pay	Program #	Instructor Fill In Shaded Area Class	Instructor
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				
					\$24				

Total Amount Due

\_\_\_\_\_  
 Modeling Coordinator Date

*By signing this form, I attest that information provided such as SS#, and hours worked, are true and to the best of my knowledge.*

\_\_\_\_\_  
 Department Head Date

\_\_\_\_\_  
 Model Signature

Business Office Only

	Object Code: 52010	Amount
Illustration (OAK)	21110	_____
OAK (Painting/Drawing)	21005	_____
Sculpture	21030	_____
Summer	23005	_____
PreCollege	23010	_____
YASP	23015	_____
CORE (SF/OAK)	21210	_____
SF (2D Shop/BIM/Painting/Fashion)	21140	_____
Extended Ed	23020	_____
Glass	21020	_____
Printmaking	21010	_____
Other _____		

Approved by \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_

Rejected/Reason \_\_\_\_\_

Vendor ID \_\_\_\_\_ 1099: CC \_\_\_\_\_

Check Amount \_\_\_\_\_