



Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Email: _____  Start Date: _____ End Date: _____ Additional Dates: _____ <b>LOCATION - CITY:</b> _____ <b>STATE:</b> _____ <small>Nonresidents who will earn in excess of \$1500 in the state of CA within the year will be subject to a 7% withholding</small>	U.S. Individual                      U.S. Business/Organization Foreign Individual                  Foreign Business
	❖ How would you like to receive your payment? Check                      ACH Direct Deposit                      Foreign Wire To setup or change your payment information please visit:
	❖ Has any of your information recently changed? No                      Yes, use the new information provided here
	❖ Are you providing a service to the USPA?                      N                      Y

**PURPOSE/EVENT:** \_\_\_\_\_ **ACCOUNT CODE:** \_\_\_\_\_

Date	Select Type	Detailed Description	Attachment	Amount
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____

NOTES: Please combine all receipts of the same type so that you can fit everything on one invoice, if additional room is needed please complete a second invoice.  
IRS CAR MILEAGE REIMBURSEMENT RATE FOR \_\_\_\_\_ IS \_\_\_\_\_ Additional Attachments:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **INVOICE FINAL TOTAL = \$** \_\_\_\_\_

APPROVED BY NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ AMOUNT APPROVED: \_\_\_\_\_  
APPROVED BY NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ AMOUNT APPROVED: \_\_\_\_\_