

IC Payment Reporting Form

This form must be used to report all non-employee/contract labor payments. This applies to all chapters, region and national workshops or seminars, and other contracted labor where taxes are not withheld.

Each time a payment is made, please complete this form. Send the original to national headquarters, provide one copy to the payee and keep one copy for your organization's files.

Please confirm that the payee's social security number or employer identification number is on file at EGA headquarters. If it is not, please have payee complete a Form W-9 and mail to EGA headquarters.

1. NAME OF INDIVIDUAL PAID _____ 2. PHONE _____

3. STREET ADDRESS _____

P.O. BOX _____

4. CITY, STATE, & ZIP CODE _____, _____

AMOUNTS PAID: _____ DATE PAID ____/____/____

5. CONTRACT FEE _____ 6. TRAVEL _____

7. KIT/TEXT FEE _____ 8. LODGING _____

9. PER DIEM _____ 10. MEALS _____

11. MISCELLANEOUS _____ 12. TOTAL AMT _____

COURSE DATE ____/____/____ CHECK NO. _____

* LINE 12 SHOULD EQUAL ACTUAL AMOUNT OF CHECK TO PAYEE

SUBMITTED BY _____

CHAPTER, REGION, SEMINAR, EXHIBIT

TREASURER'S NAME _____

STREET ADDRESS _____

CITY, STATE, & ZIP CODE _____, _____, _____

PHONE (____) - ____ - _____ DATE MAILED TO EGA ____/____/____

The Embroiderers' Guild of America, 1205 E. Washington St. Suite 117, Louisville KY 40206