

Disbursement Voucher Payee Certification

	I, (print payee name) Eldaly, Ahmed Mostafa Farag Mahmoud, hereby certify that the						
	information relating to KFS ¹ Disbursement Voucher Number,						
	requesting payment for expenses, is just and correct. I certify that all charges and/or						
	reimbursements pertain to Indiana University business, that the amount is legally due after						
allowing all just credits, and that no part of the same has previously been paid or will be pa							
	another source.						
	A						
	Payment Amount ²						
\	An med Eldoly Payee Signature						
\	Date 06/15/2015						

¹Kuali Financial System: Software program used to process electronic financial documents such as the disbursement voucher.

²Payment amounts for Accounts Payable (AP) payments must be exact. Payment amount for Travel payment may be estimated and is subject to change, pending final submission of receipts for reimbursements.

This form should be used as supporting documentation for any DV that is created for the purpose of paying an individual/business for compensation for services (less than \$1000), non-employee travel, or a stipend in lieu an invoice or contract.

Approval of the DV during fiscal officer routing will substitute for the fiscal officer and/or Account Manager signature formerly required.

This document plus the cover sheet should be submitted with any other supporting documents, including receipts for travel reimbursements pertaining to the disbursement voucher number noted on this form.

Revised January 2013

Form W-8BEN

(Rev. February 2014)

Department of the Treasury

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

For use by individuals. Entities must use Form W-8BEN-E.

Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

	Revenue Service		Give this form to the wi	innoiding agent of payor. Do			Instead, use Form:	
Do NO	T use this form i	if:					W-8BEN-E	
• You	are NOT an individ	dual					W-9	
- You	are a U.S. citizen	or other U.S. persor	n, including a resident	alien individual		within the U.S.		
• You	are a beneficial over than personal s	wner claiming that in	ncome is effectively co	onnected with the conduct	of trade or business	Within the Great	W-8ECI 8233 or W-4	
- Vau	are a heneficial o	wner who is receivir	ng compensation for r	personal services performe	d in the United State	s	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
• 10u	are a periodicial of	intermedians	ig compensation for p				W-8IMY	
	erson acting as an							
Par	Identific	cation of Benef	icial Owner (see	instructions)	2 Country of	citizenship		
1	Name of individual who is the beneficial owner Ahmed Mostafa Farag Mahmoud Eldaly Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (STEC).							
3	Permanent resid	dence address (stre	et, apt. or suite no., or	rural route). Do not use a	P.O. BOX OF IN-CO.			
	38 Aly Helal, Extension S1 (in front of Dream Car Cleaning)							
	City or town, state or province. Include postal code where appropriate.					Egypt		
	Hwamedya							
4	Mailing address	(if different from ab	oove)					
			uda aada wher	e annropriate.		Country		
	City or town, st	ate or province. Inci	ude postal code wher	Сарргорнала			har (see instructions)	
	110	destification numbo	r (SSN or ITIN), if requ	ired (see instructions)	6 Foreign tax	identifying num	ber (see instructions)	
5	U.S. taxpayer id	jentification number	(3314 01 11114), 11 1042					
				8 Date of birth (MM-D	D-YYYY) (see instru	ctions)		
7		ber(s) (see instructio		6/5/1994				
	Claim	of Tax Treaty P	enefits (for chapt	er 3 purposes only) (see instructions)	arraning of th	ne income tax treaty	
Par	Landifu that the	e beneficial owner is	a resident of		within th	ne meaning of the	ic moonie	
9						visions of Article	<u>.</u>	
40	Special rates	between the United States and that country. Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article % rate of withholding on (specify type of income):						
10	of the treaty id	entified on line 9 ab	ove to claim a	% rate of v	vithholding on (speci	y type of incom		
	Explain the rea	asons the beneficial	owner meets the term	s of the treaty article:				
	_Aprom							
Par	Certific	cation		on this form and to the best of	f my knowledge and be	lief it is true, corre	ct, and complete. I further	
Under	penalties of perjury	, I declare that I have e	examined the information	on this form and to the best s	,			
certify								
•	I am the individua	al that is the beneficial m to document myself	owner (or am authorized as an individual that is a	to sign for the individual that an owner or account holder of	a foreign financial institu	ution,		
	The person name	ed on line 1 of this form	n is not a U.S. person,					
•	Ti - ima ta wh	high this form relates is	S:					
		atod with the Co	anduct of a trade or busi	ness in the United States,				
	(a) not effectively cor	nected but is not sub	ject to tax under an appl	icable income tax treaty, or				
	(c) the partner's share of a partnership's effectively connected income, The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between							
•	the United States and that country, and							
•	For broker transa	ctions or barter excha	nges, the beneficial own	ding agent that has control. If	eceipt, or custody of the	income of which	I am the beneficial owner or	
	Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt a gree that I will submit a new form within 30 day any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 day any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 day any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 day any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 day any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 day any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 day and the payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 day and the payments of t							
	if any commont		CIMAL	1				
		Ahmeel	El Dal	ナ		and the second	AND DO WWW	
Sign	Here	/ Pier store of he	opeficial owner (or individ	lual authorized to sign for ben	eficial owner)	Da	te (MM-DD-YYYY)	
		Signature of be	Farag Mahman	id Eldaly				
	\mathbf{A}	<u>hmed Mostafa</u>	Farag Mahmou	iu Dium	Capacity in which	acting (if form is n	ot signed by beneficial owner	

Print name of signer