Harvard Medical School
Office of Human Resources

Use this form to request payments to a 3rd party on behalf of paid employees. Complete this form and **send it to the HMS Office of Human Resources**.

Employee Name:	HU ID#:	Empl Rec # _____
Employee's HR Department:	Job Code/Title	

Earnings Code: Check one. Use the Earning Codes document at this web site to see Object Code that defaults from the Earnings Code: http://atwork.harvard.edu/hradmin/index.jsp

❒ **GNT** Gift Less than $75 NonTaxable	❒ **MV /MV3** Moving Non Qualified (ee, 3rd party)	❒ **SAP** Special Agreement Pensionable
❒ **GTX** Gift More than $75 Taxable	❒ **MOV / MVI** Moving Qualified (ee, 3rd party)	❒ **SAN** Special Agreement Non Pensionable
❒ **GCC** Gift Certificate (cash)		

Pay Date if not next paycheck _____	**Comments:**

If this payment is to be charged to more than one costing line the total Earnings Amount must be
Pro-rated in <u>dollars</u> for each line of costing. Use additional forms as needed for more costing

Earnings Amount (Gross Dollars)		$_____			Seq # 1	
Tub	Fin Org	Object Cd Defaults from Earnings Code	Fund	Activity	Sub Act.	Root

Earnings Amount (Gross Dollars)		$_____			Seq # 2	
Tub	Fin Org	Object Cd Defaults from Earnings Code	Fund	Activity	Sub Act.	Root

Earnings Amount (Gross Dollars)		$_____			Seq # 3	
Tub	Fin Org	Object Cd Defaults from Earnings Code	Fund	Activity	Sub Act.	Root

TOTAL Payment Amount if split coded **$_____**	**Pay Line Data**: ❒**Gross Up**

❒ **Pay to: External 3rd Party**	❒ **Pay to: Harvard Employee**
Name:_____	HU ID#:_____
Country:_____	Name:_____
Address 1_____	Country:_____
Address 2_____	Address 1_____
Address 3_____	Address 2_____
City_____ State:_____Zip_____	Address 3_____
TIN # (SS#, EIN)_____	City_____ State:_____ Zip_____

_____   _____
Department Signature   Phone   Date   HMS FOA Signature   Date

Tax Operations Review & Authorization (required for moving or relocation expenses)

_____   _____ _____
Authorized Signature   Phone #   Date