

Payable to (legal name of guest artist) _____

please check one: staff faculty student other _____

SSN# (Required for US Citizens/Resident Alien) Visa number/ Status (if international)

Is the payee a US citizen or US resident alien? YES NO *if no this form needs to go directly to HR dept. Attn: Sharyn Schneider*

Address (where to mail the check): _____

City: _____ State _____ Zip Code _____

Country _____

Honorarium amount: _____ Lecture date: _____

Class: _____ Instructor: _____

Program-Object Code _____

Please Check One:

Mail to payee Hold in Business office Return to requesting dept. _____

Requisitioned by:

Name (please print)

Department Name

Program Chair (please print)

Program Chair Signature

Date

Director (please print)

Director signature (if over \$500)

Date

Business Office Only

_____ Approved by	_____ Processed by	_____ Date
<input type="checkbox"/> Rejected/Returned to sender	_____ Reason	_____ Date
Vendor ID _____	1099: <input type="checkbox"/> CC	