Reset Form



Honorarium Service and Check Request Form

To be used to pay an honorarium for service provided on-site or virtually by a speaker for a fee of \$500.00 per person, per semester for a total not-to-exceed \$1000 per fiscal year. Not to be used to pay an employee of the University for a speaking engagement. This form contains confidential information that should not be shared. For security purposes, please ensure this form is hand delivered or sent interoffice mail to the Account Payable department for processing. Standard University payment terms are after the service has been provided and not before.

Please complete all the fields below and ask the speaker to complete and sign the W-9 if they haven't previously provided their information.

ame:		In-PersonVirtual Fee \$	
dget to Charge: / / 3444	%,/	/ 3444	%
dress:			
State:		Zip Code:	
partment Approval Signature:	D/	Department Name:	
ECK DISTRIBUTION INSTRUCTION	S: US Mail or	_ Pickup / Dat	e for Pickup:
or a complete form with included W-9 is	nstructions please visit; https	s://www.irs.go	v/pub/irs-pdf/fw9.pdf
Department of the Treasury Internal Revenue Service Go to www.ir	Request for Taxpayer ication Number and Cert rs.gov/FormW9 for instructions and the la	atest information.	Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name		ank.	
2 Business name/disregarded entity name, if different	at from above		
Note: Check the appropriate box in the line about the LLC if the LLC is classified as a single-member another LLC that is not disregarded from the owner should check the		Trust/estate tnership) Trust/estate or owner. Do not check he owner of the LLC is single-member LLC that	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any)
GOther (see instructions) ►55Address (number, street, and apt. or suite no.) See	e instructions.	Requester's name a	(Applies to accounts maintained outside the U.S.) nd address (optional)
6 City, state, and ZIP code			
	6		
7 List account number(s) here (optional)			
Part I Taxpayer Identification Num			urity number
Enter your TIN in the appropriate box. The TIN provided must match the name given on line backup withholding. For individuals, this is generally your social security number (SSN). How resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For entities, it is your employer identification number (EIN). If you do not have a number, see <i>Ho</i>		ar for a	
entities, it is your employer identification number (EIN TIN, later.). If you do not have a number, see How to	geta	
Note: If the account is in more than one name, see the <i>Number To Give the Requester</i> for guidelines on who	e instructions for line 1. Also see What Nan se number to enter.	me and Employer	identification number
Part II Certification			
Under penalties of perjury, I certify that:			
 The number shown on this form is my correct taxpa 2. I am not subject to backup withholding because: (a Service (IRS) that I am subject to backup withholdin no longer subject to backup withholding; and 	a) I am exempt from backup withholding, or	(b) I have not been no	otified by the Internal Revenue
3. I am a U.S. citizen or other U.S. person (defined be			
4. The FATCA code(s) entered on this form (if any) ind Certification instructions. You must cross out item 2 al you have failed to report all interest and dividends on yo acquisition or abandonment of secured property, cancel other than interest and dividends, you are not required to	bove if you have been notified by the IRS that ur tax return. For real estate transactions, iter lation of debt, contributions to an individual r	t you are currently subj m 2 does not apply. For retirement arrangement	r mortgage interest paid, (IRA), and generally, payments
Sign Signature of Here U.S. person ►		Data b	