

## Lecturers and Speakers Payment Request Form

Project	Task	Award	Expenditure Type <b>GNS Lecturer</b>	Organization <b>220</b>	
Individual's Name				Telephone No. Email	
Address		City		State	Zip
Present Employer		Position		Check all that apply: Oneonta Student [ ]current [ ]former SUNY Employee [ ]current [ ]former RF Employee [ ]current [ ]former	
Citizenship Status __US Citizen __Resident Alien __Nonresident Alien		If not a U.S. Citizen, Visa Type __F __J __M __Other (Specify):		Country of Citizenship	
<p><b>If the Payee is NOT a U.S. Citizen and will be working in the U.S., please attach a completed W-8BEN that can be found at <a href="http://www.irs.gov">www.irs.gov</a> .</b></p>					
Description of Service (Attach additional if appropriate)					
Date(s) of Service			Amount (not to exceed \$2,500)		
<p><b>PAYEE CERTIFICATION</b></p> <p>I certify that the above information is true and accurate; that no part has been paid except as stated on this form. Under penalties of perjury, I certify that the Taxpayer Identification Number shown at the top of this form is correct and that no order for backup withholding from the IRS exists.</p> <p>_____</p> <p>Payee Signature <span style="float: right;">Date</span></p>					
<p><b>PROJECT DIRECTOR CERTIFICATION</b></p> <p>I certify that the charges to be incurred are appropriate and authorized against the account shown, that funds are available for this purpose, and the charges are consistent with Research Foundation and sponsor policy.</p> <p>_____</p> <p>Project Director Signature <span style="float: right;">Date</span> <span style="float: right;">Project Director Name (Please Print)</span></p>					
Supplier Number		Site		Invoice Date	
Research Foundation Approval		Research Foundation Approval		<b>Input</b>	
Sponsored Funds Personnel Date		Sponsored Funds Financial Management Date		By _____	
				Date _____	