

LECTURERS, SPEAKERS OR ENTERTAINERS INFORMATION

A "W-9" Form must accompany this form.

TO BE COMPLETED BY THE STUDENT ORGANIZATION

Performer's name _____

First

MI

Last

Performer's home address _____

(City, state & zip+4) _____

Performer's Federal Tax Identification Number/Social Security Number* _____

**Mandatory. This information is used for IRS tax reporting purpose, K.S.A. 76-725, I.R.S Code 6109 (a)(2)&(3)*

Is the performer a U.S. resident? _____ Yes _____ No*

**If no, special arrangements will need to be considered. Please contact the OSAS Budget Office, 532-6541, as soon as possible.*

Is the performer a State of Kansas employee? _____ Yes* _____ No

**If yes, SGA is unable to pay State of Kansas employees for honorarium services.*

Date(s) _____ Performance time(s) _____ Length of performance _____

Performance(s) location: _____ Sound check time (if necessary) _____

Amount to be paid: _____

Type of performance/service: _____

Any additional provisions _____

Student organization(s) sponsoring event: _____

Contact person _____ Phone _____ E-mail _____

PLEASE CHECK ONE:

Time permitting, have check available for performer night of event _____

Please send check directly to performer/agent the day after the event occurs _____

TO BE COMPLETED BY THE PERFORMER:

I understand that I will be paid by State of Kansas check upon completion of the above performance(s). I can be reached at (phone #) _____ - _____ - _____ should you require any additional information.

Performer's signature _____

Date

Please note it takes 3-4 weeks to issue payments.

Purchasing Department Only:

Approved: _____

Date: _____