

Guest Payment Request Form

The requestor is responsible for coordinating and attending the event.

Requestor: _____

Email: _____

EVENT INFORMATION

Event Title: _____

Event Location: _____

Date/Time of Event: _____

Guest Name: _____

Guest Email: _____

Guest Nationality: _____

Guest Affiliations:(including company, university, and government agency): _____

Service Provided: _____

Stipend: _____

Event Expense:

Travel: \$ _____

Lodging: \$ _____

Other (explain): \$ _____

Other (explain): \$ _____

Total: \$ _____

INDEPENDENT CONTRACTOR FORM QUESTIONS	YES	NO
1. Will this contractor have access to patients or patient information?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will this contractor perform service on campus?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will this contractor drive a vehicle as part of their service?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is this contractor required to have a license or certification?	<input type="checkbox"/>	<input type="checkbox"/>
5. US Citizen or permanent resident (green card holder)?	<input type="checkbox"/>	<input type="checkbox"/>

FUNDING INFORMATION (Select all that apply)

☐BRASS ☐CHORAL ☐COMP ☐ETHNO ☐JAZZ ☐MUED ☐MUTH ☐MUSICOLOGY

☐ORCH ☐ORGAN ☐PERC ☐PIANO ☐STRINGS ☐VOICE ☐WW ☐SOM

☐MASALA ☐RESONANCE ☐RUGGLES

☐OTHER (explain):

NOTE:

Requestor Signature _____

Date

Area Chair _____
(if using area funds)

Date

Director Signature _____

Date