

GUEST SPEAKER/EVENT PROPOSAL

To expedite payment to our guests, please submit this form to Mary Johnson as soon as possible.

FACULTY/SPONSOR	FACULTY EMAIL	FACULTY PHONE
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GUEST NAME		
PAYEE (if different- ex: Agent)		
GUEST ADDRESS (or payee address)		
GUEST PHONE	GUEST CELL	
GUEST EMAIL	GUEST SS# / FED ID	
DATE BEGIN	DATE END	
DESCRIPTION OF PERFORMANCE OR SERVICES:		
SUGGESTED GUEST FEE \$ _____ Includes all guest fees, travel, and accommodations. Guest is responsible for costs and booking. (University will not separately reimburse for the cost of gasoline, tolls, meals, mileage, etc. Please keep this in mind when calculating fee)		
CONTACT	BUDGET SOURCE	INDEX
	DEPARTMENTAL BUDGET	Index #
	PCAL	Index #
	RCAP	Index #
	FUSE	Index #
	HONORS	Index #
	OTHER (DESCRIBE)	Index #
	OTHER (DESCRIBE)	Index #

You must submit email confirmation from any funding sources outside of the English Department.

OFFICE USE ONLY

ALL INCLUSIVE FEE	MILEAGE	EVENT COSTS	AMOUNT	PROCARD	CHECK
\$ _____	Roundtrip miles x \$ _____ / mile x 2 trips FROM: _____ TO: _____	FOOD \$ _____ ALCOHOL \$ _____	\$ _____	\$ _____	\$ _____ \$ _____
		AWARD AMOUNT (Prize \$) \$ _____	\$ _____		
		TOTAL COST TO UNIVERSITY \$ _____	TOTAL COST TO UNIVERSITY \$ _____	TOTAL PCARD \$ _____	CHECK REQUEST \$ _____

Faculty/Sponsor

Date

Department Head

Date

W-9	CONTRACTOR STATUS FORM (CSF)	PERSONAL SERVICES CONTRACT	PERFORMANCE CONTRACT	PAYMENT AUTHORIZATION	REQUISITION P.O. #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>