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: _____
Service Provided: _____
Stipend: _____

Event Expenses:
Travel: _____
Lodging: _____
Other (explain): _____ _____
Other (explain): _____ _____
Total: _____

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

FUNDING INFORMATION
(Select all that apply)

☐ BRASS	☐ CHORAL	☐ COMP	☐ ETHNO	☐ JAZZ	☐ MUED	☐ MUTH	☐ MUSICO-LOGY
☐ ORCH	☐ ORGAN	☐ PERC	☐ PIANO	☐ STRINGS	☐ VOICE	☐ WW	☐ SOM
☐ MASALA	☐ RESONANCE		☐ RUGGLES				

☐ OTHER (explain): _____

NOTE
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_____   _____   _____   _____
Requestor Signature   Date   Area Chair   Date
                                          (if using area funds)

_____   _____
Director Signature   Date