

## San Diego State University - Payment Request for Guest/Special Lecturer

Please note: Sections A and B of this form must be completed for all requests; section C to be completed for lecturers with a foreign address. This form must be completed and submitted to the Accounts Payable Department in advance of the date of the lecture. If guest lecturer is foreign, please submit four weeks in advance to allow adequate processing time. Checks will not be released until completion of service and ALL appropriate documentation has been submitted to Accounts Payable. A copy of this form must be attached to all budget transfer documents. A Supplier Payment Data Record (Std. 204) must accompany this form.

### Section A: To be completed by department

Department: \_\_\_\_\_ Department Contact: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Name of Guest Lecturer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

#### Check Distribution

Mail Check: \_\_\_\_\_

Dept Pick up: \_\_\_\_\_

Other: \_\_\_\_\_

**IMPORTANT!! If country listed is NOT the United States, the department is required to ensure compliance with all university policies regarding taxation and immigration law and the Guest/Special Lecturer MUST complete section C of this form.**

If lecturer is foreign, has department determined lecturer is entitled to payment based upon visa status? \*  
 Yes \_\_\_\_\_ N/A \_\_\_\_\_ **\*Payment will not be processed if incomplete.**

Department Signature: By signing you attest that you confirmed visa eligibility for payment\* \_\_\_\_\_

Lecturer's Social Security number, Employer Identification Number or Individual Taxpayer ID Number (ITIN) \_\_\_\_\_  
**Payment to foreigner will require 30% federal tax withholding if no SSN or ITIN.**

Is Guest/Special Lecturer a university employee? Yes: \_\_\_\_\_ No: \_\_\_\_\_

(If yes, please refer to Policy below and complete the following):

SDSU Faculty Member	Full-Time _____	Part-Time _____
SDSU Staff Employee	Full-Time _____	Part-Time _____
Other (Specify) _____		

**POLICY:** Faculty from other universities are eligible for guest/special lecturer payments during the normal academic year. Full-time SDSU faculty are not eligible for guest/special lecturer payments during the normal academic year. Part-time SDSU faculty paid from the State General Fund are not eligible for guest/special lecturer payments during the normal academic year if those payments are made from the Lottery Fund. All SDSU faculty are eligible to earn honorariums from other than the State General Fund instructional faculty funds (subject to fund source restrictions) during summer, winter and spring breaks. All such payments must be processed via an academic transfer form or a college of Extended Studies appointment document. SDSU staff in work week group 4C are eligible to earn special/guest lecturer payments from the General Fund only on their reported vacation days. **All SDSU employees must receive advance approval from the Center for Human Resources for special/guest lecturer payments.** All such payments must be requested via a staff transaction form. SDSU staff paid from the General Fund are not eligible for guest/special lecturer payments.

Topic of Lecture: \_\_\_\_\_

Date of Lecture: \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Oracle Account Number: \_\_\_\_\_

**Signatures:** Departmental signature indicates compliance with all SDSU policies regarding tax law, immigration law and guest lecturer payments.

Department Dean/Chair or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Contract and Procurement Management: \_\_\_\_\_ Date: \_\_\_\_\_

(Payments exceeding \$1,999.99 must be approved by Contract and Procurement Management.)

### Section B: To be completed by Guest/Special Lecturer

I understand I will be paid in arrears for the services noted above that are being provided to SDSU. If my immigration status classifies me as a Non-Resident Alien (NRA) I understand I must complete Section C of this form. All applicable tax laws will apply and appropriate taxes will be withheld by the university from the amount indicated above. I have furnished all information and documents necessary so SDSU may comply with state and federal taxation and immigration law.

Signature/Guest Lecturer \_\_\_\_\_ Date \_\_\_\_\_

**Section C: To be completed by Guest/Lecturer**

Section C must be completed by Guest/Special Lecturers who are neither a United States citizen nor a permanent resident alien ("green card" holder). Foreign Special/Guest Lecturers who do not have a U.S. Taxpayer ID or Social Security number should complete an IRS Form W-7 (include notarized copies of immigration documents) to request a U.S. Taxpayer Identification Number. Form W-7 may be obtained from the IRS web site located at <http://www.irs.gov>

Attach a completed Supplier Payment Data Record (Std. 204) as required by the state of California. The department should provide a copy of this document. The form is also available in PDF format (Adobe Acrobat Reader) on the Contract and Procurement Management Web site at <http://bfa.sdsu.edu/prosrvc/forms.htm>

Name of Special/Guest Lecturer \_\_\_\_\_  
 (please print)  
 Are you a U.S. citizen or permanent resident alien ("green card" holder)? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please complete a Foreign National Information Form, and submit with this document.  
 The form may be downloaded in PDF format (Adobe Acrobat Reader) from the Accounts Payable Web site at <http://bfa.sdsu.edu/ap/forms.htm>

I am requesting payment for services I will perform for \_\_\_\_\_ (Campus Department)  
 at San Diego State University on \_\_\_\_\_ in the amount of \_\_\_\_\_

1. If I currently do not have one, I understand that I must apply for a Social Security Number or an Individual Taxpayer Identification Number\*\* prior to filing an annual United States tax return.
2. If I have no SSN or ITIN, or if no tax treaty applies, I understand that SDSU must withhold the mandatory federal tax withholding at a rate of 30% from the amount I am to receive that is indicated above.
3. If I am not a California resident, I understand that SDSU may also be required to withhold 7% California State Withholding tax from the amount I am to receive.
4. I understand that it is my responsibility to file U.S. Federal and state of California tax returns.

**I hereby certify that the above is true and correct and that I understand the statements above:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*\*Guest lecturer should complete and IRS Form W-7 (including notarized copies of immigration documents) to request a U.S. Taxpayer Identification Number. Form W-7 can be downloaded from <http://www.irs.gov>