

Accounts Payable**FOREIGN GUEST/SPECIAL LECTURER PAYMENT REQUEST**

Please note: This form must be completed and submitted to the Accounts Payable Department two weeks in advance to allow sufficient time for processing. New suppliers with San Diego State University or existing suppliers with tax reporting or remittance address changes must complete a [Supplier Information Form \(PDR – STD 204\)](#) before payment can be issued; please email the Supplier Maintenance team at apsupplier@sdsu.edu to request a new supplier creation or existing supplier update. SDSU Guest Lecturer payment terms are Immediate from the last date of lecture and university payments are mailed in arrears to the remittance address noted on the Supplier Information Form (PDR- STD 204) unless registered with Direct Deposit or International Wire form is submitted with this request.

PAYMENT INFORMATION TO BE COMPLETED BY GUEST LECTURER

Payee Name: _____

Name of Guest Lecturer (if different than payee name): _____

Street Address (where to remit payment): _____

City, State, Zip: _____

Country: _____ Email: _____

International guest lecturers receiving an honorarium payment are required to complete a [Foreign National Information Form](#) and [W-8BEN](#), and submit with this document. Nonresident aliens may be subject to federal tax withholding of 30%. If the lecturer is receiving a reimbursement payment, a [Travel Expense Claim](#) with supporting receipts must be submitted with this request.

Is payee a California resident? Yes No If no, California nonresidents may be subject to an additional California tax withholding of 7%. See [Supplier Information Form \(PDR – STD 204\)](#) form for additional information.

I understand that payment for services provided to SDSU will be made in arrears. If my immigration status classifies me as a nonresident alien (NRA) and I am receiving an honorarium payment, I understand that I must complete the [Foreign National Information Form](#) and [W-8BEN](#). All applicable tax laws will apply and appropriate taxes will be withheld by the university from the amount indicated below. I have furnished all information and documents necessary, including a [Travel Expense Claim](#) with all receipts attached for any reimbursable expenses, so SDSU may comply with state and federal taxation and immigration law. I also hereby certify that the above is true and correct and that I understand the statements above.

Signature/Guest Lecturer: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT

POLICY: SDSU faculty and staff are not eligible for guest/special lecturer payments paid through the Accounts Payable department. Former SDSU faculty and staff must be separated from the University for twelve months before they are eligible for guest/special lecturer payments. 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 and paid through the Payroll department and reflected on the employee's payroll check.

Is the Guest/Special Lecturer an active SDSU Faculty, Staff or Student member? Yes No Department: _____ Preparer: _____ Ext.: _____
(Must have Oracle Access)

Name of Lecture/Event: _____ Date(s) of Lecture/Event: _____

Expense Type List:
*If the expense being requested for payment or reimbursement is not listed here, please submit a requisition for processing

Account Number: _____ Total Payment Amount: \$ _____

Amount of Honorarium Payment: \$ _____ Amount of Reimbursement: \$ _____

Were services provided within the State of California? Yes No If no, where? _____Is there an agreement associated to this event? Yes No If yes, attach a copy of the completed agreement**ALL FAH APPROVAL WILL BE DONE THROUGH ORACLE**