

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

Please note: This form must be completed and submitted to the Accounts Payable Department prior to the end date of the lecture. Please submit two weeks in advance to allow sufficient time for processing. A [Supplier Information Form \(PDR – STD 204\)](#) must accompany this request for new suppliers. SDSU Guest Lecturer payment terms are Immediate from the last date of lecture and university payments are mailed.

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: _____

Email: _____

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

I understand that payment for services provided to SDSU will be made in arrears. All applicable tax laws will apply and appropriate taxes will be withheld by the university from the amount indicated below. The total payment may also be reportable to the IRS and other taxing authorities. I have furnished all information and documents necessary so SDSU may comply with state and federal taxation. 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: Faculty from other universities are eligible for guest/special lecturer payments. Active 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 six 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.

If 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 is not listed here, please submit a requisition for processing

Account Number: _____ Amount of Service Payment:\$ _____

Were services provided within the State of California? Yes ☐ No ☐ If no, where? _____**ALL FAH APPROVAL WILL BE DONE THROUGH ORACLE**

*Payment authorization is in accordance with the SDSU Fiscal Authorization Hierarchy (FAH)
All university payments are mailed unless [direct deposit](#) is requested*