Guest Artist/Visiting Scholar Authorization of Payment Form

NAME OF GUEST				
EID	(IF NO EID, PLEASE INCL	UDE PAYEE I	NFORMATION FORM)	
ADDRESS				
E-MAIL	PHONE			
IS GUEST A U.S. CITIZEN? IS GUEST A UT EMPLOYEE? EMPLOYED AT UT IN THE PAST 12 M NEPOTISM?	YES NO YES NO ONTHS? YES NO YES NO	**Contac	t Nick for VISA requirements	
WILL GUEST REQUIRE WIFI ACCESS	— — — · · · ·			
PROPOSED ACTIVITY/SERVICE:	Please provide detailed description o	f service. Incl	ude class/program area.	
QUALIFICATIONS OF GUEST: Please work? How does this relate to the activity we a		ere does the <u>c</u>	juest presently teach or	
PROPOSED DATES OF SERVICE: (Include travel dates)	MM/DD/YY	to	MM/DD/YY	
COST ESTIMATE:				
Honorarium Per Diem Airfare Lodging Rental Car Other (specify)	Carlson Wagonlit/Ar			
Total \$ -	<u> </u>			
ACCOUNT NAME:	ACCOUNT NUMBE	R:	AMOUNT	
Faculty Member Making Proposal	 I:			
AREA HEAD APPROVAL:		DATE:_		
DEPARTMENT APPROVAL:		DATE:		