Reset Print

Guest Artist/Visiting Scholar
Authorization of Payment Form

NAME OF GUEST _____

EID _____ Returning Guest? ☐ YES ☐ NO

ADDRESS _____

E-MAIL _____ **PHONE** _____

CHECK BOX IF APPLICABLE:

- ☐ Is Guest a US Citizen? ** ***If Guest is International please see Liesbeth ASAP*** **
- ☐ Is Guest a UT Employee or was employed at UT in the past 12 months? *
- ☐ Is Guest a UT Student? * * ***Estimated hrs/hourly rate required for (former) UT Employees & students***
- ☐ Nepotism? If applicable please list name/affiliation
- ☐ Does Guest require contract? If union, please specify: _____

PROPOSED ACTIVITY/SERVICE DESCRIPTION: Please include class, program area, production-details,...

QUALIFICATIONS OF GUEST: Please be specific: degrees, experience, accomplishments, awards, work history and how it relates to proposed activity/service description.

PROPOSED DATES OF SERVICE:
(Include travel dates)

_____ to _____
MM/DD/YY MM/DD/YY

COST ESTIMATE

Honorarium _____ Number of Hrs _____ Hourly Rate _____

**** (Hourly rate MUST meet Federal Minimum wage) ****

Per Diem _____

Airfare _____

Lodging _____ hotel preference: _____

Rental car _____

UT Parking: $9/day _____ # of days: ____

WIFI: $0.25/day _____ # of days: ____

Other (specify) _____ specify: _____

Total: $

ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT

FORM COMPLETED BY/CONTACT NAME: _____

ACCOUNT AUTHORIZER'S APPROVAL: _____ DATE: _____

DEPARTMENT APPROVAL: _____ DATE: _____