## Guest Artist/Visiting Scholar Authorization of Payment Form

NAME OF GUEST	(IF NO EID, PLEASE INCLUDE PAYEE INFORMATION FORM)  PHONE		
EID ADDRESS			
E-MAIL			
CHECK BOX IF ANSWER IS 'YES':  Is Guest a US Citizen? **If Guest is International please see Jessica ASAP**  Is Guest a UT Employee or was employed at UT in the past 12 months? *  Is Guest a UT Student? *  * Estimated hours/hourly rate required for UT Employee, former employee, student  Nepotism? If applicable please list name/affiliation  Does Guest require a Contract? If Union please specify:  PROPOSED ACTIVITY/SERVICE: Please provide detailed description of service. Include class/program area.			
QUALIFICATIONS	S OF GUEST: Please b	e very specific. For instance, where do	
PROPOSED DATES (Include travel date			to
COST ES	TIMATE:		
			Hourly Rate neet Federal Minimum wage) **
Airfare _ Lodging _		_ Hotel:	Travel Planners
ACCOUN'	Т NAME:	ACCOUNT NUMBER:	AMOUNT
Faculty Member N DIVISION HEAD APPROVAL:		D	ATE:
DEPARTMENT APPROVAL:		D	ATE: