Guest Artist/Visiting Scholar Authorization of Payment Form

NAME OF GUEST			
EID	Returning Guest? YES	NO	
ADDRESS			
-MAIL	PHONE		
CHECK BOX IF APPLICABLE:			
Is Guest a US Citizen?	** If Guest is International please see Liesbeth	ASAP **	
Is Guest a UT Employe	e or was employed at UT in the past 12 months	s? *	
Is Guest a UT Student	? * * Estimated hrs/hourly rate required for	(former) UT Employees & student	
Nepotism? If applicable	e please list name/affiliation		
Does Guest require cor	ntract? If union, please specify:		
ROPOSED ACTIVITY/SERVIC	CE DESCRIPTION: Please include class, program ar	ea, production-details,	
<u>-</u>	Please be specific: degrees, experience, accomplishments scription. No links to websites or resume, please.	nts, awards, work history and how it	
PROPOSED DATES OF SERVIC Include travel dates)	MM/DD/YY to	MM/DD/YY	
COST ESTIMATE			
Honorarium	Number of Hrs	Hourly Rate	
	** (Hourly rate MUST meet	Federal Minimum wage) **	
Per Diem	** Needed for UT emplo	oyees/students ONLY **	
Airfare			
Lodging	hotel preference:		
Rental car UT Parking: \$11/day	# of days:		
WIFI: \$0.25/day			
Other (specify) Total:	specify:		
ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT	
FORM COMPLETED BY/CONTACT I			
ACCOUNT AUTHORIZER'S APPR		DATE:	
DEDADTMENT ADDD	OVAL.	DATE:	