Guest Artist/Visiting Scholar Authorization of Payment Form

NAME OF GUEST			
EID	Returning Guest? YES	NO	
ADDRESS			
E-MAIL	PHONE	PHONE	
CHECK BOX IF APPLICABLE:			
Is Guest a US Citizen?	** If Guest is International please see Guest	Artist Liaison ASAP **	
Is Guest a UT Employee	or was employed at UT in the past 12 mont	hs? *	
Is Guest a UT Student?	* * Estimated hrs/hourly rate required f	or (former) UT Employees & students	
Nepotism? If applicable	please list name/affiliation		
Does Guest require cont	ract? If union, please specify:		
PROPOSED ACTIVITY/SERVICE	DESCRIPTION: Please include class, program	area, production-details,	
•	lease be specific: degrees, experience, accomplishn ription. No links to websites or resume, please.	nents, awards, work history and how it	
PROPOSED DATES OF SERVICE	: to		
(Include travel dates)	MM/DD/YY	MM/DD/YY	
COST ESTIMATE			
Honorarium	Number of Hrs	Hourly Rate	
		et Federal Minimum wage) **	
Per Diem	** Needed for UT emp	oloyees/students ONLY **	
Airfare Lodging	hotel preference:		
Rental car			
UT Parking: \$11/day	# of days:		
WIFI: \$0.25/day	# of days:		
Other (specify) Total: \$	specify:		
	ACCOUNT NUMBER	AMOUNT	
FORM COMPLETED BY/CONTACT NA			
ACCOUNT AUTHORIZER'S APPRO	VAL:	DATE:	
DEPARTMENT APPRO	VAL:	DATE:	

Theatre and Dance Forms/Policies

Last Updated 10/2017