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 Visitor L	.iaison 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 & student	
Nepotism? If applicab	le please list name/affiliation		
Does Guest require co	ntract? If union, please specify:		
PROPOSED ACTIVITY/SERVI	CE DESCRIPTION: Please include class, program ar	rea, production-details,	
=	Please be specific: degrees, experience, accomplishme	nts, awards, work history and how it	
elates to proposed activity/service de	escription. No links to websites or resume, please.		
	o		
PROPOSED DATES OF SERVION (Include travel dates)	MM/DD/YY to	MM/DD/YY	
00CT FCT1MATE		14114,00,11	
COST ESTIMATE Honorarium	Number of Hrs	Hourly Rate	
		Federal Minimum wage) **	
Per Diem		yees/students ONLY **	
Airfare	<u> </u>	•	
Lodging	hotel preference:		
Rental car			
UT Parking: \$12/day	# of days:		
WIFI: \$0.25/day	# of days: specify:		
Other (specify) Total:	specify.		
ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT	
FORM COMPLETED BY/CONTACT	NAME:		
ACCOUNT AUTHORIZER'S APPR	ROVAL:	DATE:	
		· ··-·	
DEDARTMENT ADD	20VAL.	DATE:	