



VOUCHER # _____
VENDOR ID # _____
(For A/P Use Only)

# Guest Lecturer Form

Account Code: 5251010

## PLEASE COMPLETE ALL INFORMATION

Date Prepared \_\_\_\_\_ **Return check to:**

Department Name \_\_\_\_\_ Departmental Code \_\_\_\_\_

Guest Lecturer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Lecturer's Social Security Number **OR** Tax ID Number \_\_\_\_\_

Lecture Dates _____	Fee (s) _____
_____	_____
_____	_____

Grand Total Due \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Course Title & Course Number: \_\_\_\_\_

Lecturer's Signature \_\_\_\_\_

Department Approval \_\_\_\_\_

Finance Approval \_\_\_\_\_

Management Approval (if applicable) \_\_\_\_\_

### Instructions

1. This form should be completed and typed in its entirety. Incomplete forms may cause a delay in processing.
2. Upon completion of this form, please submit it to the Accounts Payable Department.
3. Please note all payments to guest actor who are also current faculty members will be processed through payroll and should appear in their next monthly paycheck.
4. Checks will be **MAILED OUT** unless otherwise indicated.
5. If you have any questions regarding the completion of this form, or any other procedures, please contact Accounts Payable at extension 2653.
6. **This form must be submitted to the Accounts Payable Department within one week after the Guest Lecturer's service.**