

**BROWN UNIVERSITY**  
**GUEST SPEAKER PAYMENT AUTHORIZATION**  
 (Use for guest speakers in an amount of \$2,000 or less)

<b>Name:</b>	<b>Soc. Sec. or Fed. ID No:</b>
<b>Mailing Address:</b>	<b>Home Address (if different):</b>
<b>Description of services/lecture :</b>	
<b>Location of Services:</b>	<b>On-Campus:</b> ____ <b>Off-Campus:</b> ____
<b>Fee for services:</b>	<b>Expenses:</b>
<b>Total Fee and Expenses:</b>	<b>Date(s) of Service:</b>
<b>US Citizen:</b> Yes ____ No ____	(For non-resident aliens only):
<b>Brown Employee:</b> Yes ____ No ____	<b>Visa Type:</b> _____
	<b>IRS Form 8233 attached?</b> Yes ____ No ____

Departmental payment authorization certifies that the above activity was satisfactorily completed, necessary to the accomplishment of the goals of the account charged and that the expense is reasonable in relation to the benefit derived.

**PAYMENT AUTHORIZATION**

<b>CONTROLLER APPROVAL</b>				<b>AUTHORIZED DEPARTMENT SIGNATURE</b>		
<b>TO BE FILLED IN BY ORIGINATING DEPARTMENT</b>				<b>CONTROLLERS USE ONLY</b>		
VENDOR NO.	ACCOUNT CODE	ACCOUNTING DESCRIPTION	AMOUNT	1099	SC	CR