

BROWN STUDENT ACTIVITIES' GUEST SPEAKER PAYMENT AUTHORIZATION

(Honorarium cannot exceed \$2000. Cannot be used to pay Brown employees/students; please see SAO if speaker is currently at Brown)

To be completed by Student Group Financial Signatory (PRINT LEGIBLY!!):

<p style="text-align: center;"><i>THIS SPACE BELOW BECOMES THE MAILING LABEL, so write it as if you were addressing an envelope!</i></p> <p>Payable To <i>and</i> Address (to send check to)</p> <p style="text-align: center;"><i>Note: Use "Campus Box 1930" as address to mail to SAO; mailing to SAO is required if the speaker has not yet performed.</i></p>	<p>Home/Tax Address <i>(for person/entity check is payable to):</i></p>
<p>Name of Speaker: <i>(if different than payable to)</i></p>	<p>Phone/Email of Speaker <i>(if known):</i></p>
<p>Description of Event/Lecture:</p> <p style="text-align: center;"><i>(Note: University policy prohibits campaign speeches)</i></p>	
<p>Event Location <i>(check one):</i> <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> Specify Venue: _____</p>	
<p>[A] Fee/Honorarium <i>(cannot exceed \$2000)</i> \$ _____</p>	<p>[B] Per Diem: ___ Days x \$ _____ per day = \$ _____</p> <p style="text-align: center;">OR Expense Reimbursement <i>(May also be done separately; receipts required!)</i></p> <p style="text-align: center;">Total amount of receipts attached = \$ _____</p>
<p>Total Check Amount <i>(box A + B)</i> = \$ _____</p>	<p>Date(s) of Event:</p>
<p>Student Group: _____</p> <p>Financial Signatory <i>(print name):</i> _____</p>	<p style="text-align: center;"><i>(For non-resident aliens only – TALK TO SAO FIRST!):</i></p> <p>Visa Type: _____</p> <p>IRS Form 8233 attached? Yes ___ No ___</p>

By signing below, I confirm that I am an approved financial signatory for my group and certify that the above activity was satisfactorily completed (or will be completed before payment is given), necessary to the accomplishment of the goals of the account charged and that the expense is reasonable in relation to the benefit derived.

Financial Signatory: [signature] _____ Today's Date: _____

To be completed by SAO:

PAYMENT AUTHORIZATION

CONTROLLER APPROVAL				AUTHORIZED SAO SIGNATURE		
TO BE FILLED IN BY ORIGINATING DEPARTMENT				<i>Controllers' Use Only</i>		
VENDOR NO.	ACCOUNT CODE	ACCOUNTING DESCRIPTION	AMOUNT	1099	SC	CR
	638					
	638					
	638					