Accounts Payable
CSU GUEST/SPECIAL LECTURER PAYMENT REQUEST

PAYMENT INFORMATION TO BE COMPLETED BY CSU GUEST LECTURER

Please note: This form must be completed and submitted to the Accounts Payable Department two weeks in advance to allow sufficient time for processing. New suppliers with San Diego State University, or existing suppliers with tax reporting or remittance address changes, must complete a **Supplier Information Form (PDR-STD 204)** before payment can be issued; please email Supplier Maintenance at apsupplier@sdsu.edu to request a new supplier setup or to update an existing supplier. California State University employees are required to be paid by Interagency Financial Transaction (see policy and instructions below).

Payee Name: _____ Email: _____

Payee Address: _____ City: _____ State: _____ Zip: _____

California State University Name: _____

CSU Payroll Contact Name: _____ CSU Payroll Contact Email: _____

POLICY & PROCEDURE: Faculty from other California State Universities are eligible for guest/special lecturer payments during the normal academic year. All payments for services will be processed via an Interagency Financial Transaction (IFT), which is requested by SDSU Accounts Payable to be initiated by the lecturer's home campus. An IFT is an internal transfer of funds between California State Universities that is facilitated through the Chancellor's Office. Transferred funds are disbursed according to the receiving Universities own internal policies and procedures and are typically processed by Payroll and issued on a pay warrant. All applicable tax laws apply, and taxes will be withheld as appropriate. Faculty from other California State Universities must review their own internal campus policies to ensure compliance with their institution.

Payments for travel reimbursements are made directly by SDSU's Accounts Payable department to the CSU guest/special lecturer. All travel reimbursements must be documented on a Travel Expense Claim (State 262) form and must be included with this payment request form.

I understand that payment for services provided to SDSU will be made in arrears. I have reviewed my own institution's internal policies and procedures related to services provided to another California State University. I also hereby certify that the above is true and correct and that I understand the statements above.

Signature of Guest Lecturer: _____ Date: _____

TO BE COMPLETED BY THE DEPARTMENT

SDSU Department: _____ Preparer: _____ Ext.: _____
Preparer must have Oracle access.

Name of Lecture/Event: _____ Date(s) of Lecture/Event: _____

Oracle Account String: _____ Total Payment Amount: $_____

Amount of **Honorarium Payment**: $_____ Amount of **Reimbursement**: $_____
Reimbursement processed on Travel Expense Claim.

Were the services physically performed within the State of California? Yes ◯   No ◯   If no, where? _____

Is there an agreement associated with this event? Yes ◯   No ◯   If yes, attach a copy of the completed agreement.

Approved for payment. Payment authorization is in accordance with the SDSU Fiscal Authorization Hierarchy (FAH).

FAH Signer Name (Print): _____ Date: _____

FAH Signer Signature: _____

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