

## Accounts Payable DOMESTIC GUEST/SPECIAL LECTURER PAYMENT REQUEST

## PAYMENT INFORMATION TO BE COMPLETED BY 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 <a href="mailto:apsupplier@sdsu.edu">apsupplier@sdsu.edu</a> to request a new supplier setup or to update an existing supplier. SDSU Guest Lecturer payment terms are Immediate from the last date of lecture and university payments are mailed in arrears to the remittance address noted on the **Supplier Information Form (PDR-STD 204)**.

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Payee Name:	Email:		
Name of Guest Lecturer (if	f different than payee name):		
Street Address (where to r	remit payment):		
City, State, Zip:			
Is payee a California reside	lf no, California nonresidents may be subject to California tax v 7%. See Supplier Information Form (PDR-STD 204) f information.		
taxes will be withheld by the tax authorities. I have furn	nt for services provided to SDSU will I ne University from the amount indicated nished all information and documents that the above is true and correct and	d below. The total payment may a necessary so that SDSU may c	Iso be reportable to the IRS and other comply with state and federal taxation
Signature of Guest Lectu	ırer:		Date:
department. Former SDS before they are eligible fo Human Resources for sp through the Payroll Depart	culty, staff and students are not eligible U faculty, staff and student employed r guest/special lecturer payments. All ecial/guest lecturer payments; all suctment and reflected on the employee's arer an active SDSU Faculty or Staff me	es must typically be separated fr SDSU employees must receive a h payments must be requested payroll check.	om the University for twelve months advance approval from the Center for via a staff transaction form and paid
Department:	Preparer: _		Ext.:
		•	
Expense Type (see dropdo	own list):  *If the expense being requested for paym	ent is not listed here, please refer to th	e "SDSU Non-PO Procure to Pay Policy."
Oracle Account String:		Total Payment A	mount: \$
Were the services physically performed within the State of California? Yes No No If no, where?			
Is there an agreement ass	ociated with this event? Yes	No If yes, attach a copy	of the completed agreement.

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

ALL FAH APPROVAL WILL BE DONE THROUGH ORACLE