



Honoraria / Independent Contractor Service Claim

I. Pay To (Please Print):

Payee First Name:	Payee Last Name:
Home Address:	Address:
City, State, ZIP:	Phone #:
Payee Social Security#:	Fax #:
Department to be Charged:	Department Phone #:

II. Description of Services:

III. Dates of Services:

From:	To:
From:	To:

IV. Payment Amount (Complete A or B; Attached Invoice):

A. Contract fee: _____

B. Rate per hour/day: _____ x hours/day: _____ = _____

Total: _____

V. Payee Certification (Please check below):

I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I am or I am not currently on NYS payroll.

Signature:	Date:
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VI. Department Authorization:

I certify that the above services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

Signature of Exec. Officer/Dept. Head:	Date:
Name:	Phone #:
Authorized Signature of Provost:	Date:
Name:	Phone #: