

 Department of Theatre & Dance

Guest Artist/Lecturer Form

This form is **required** to pay all guest artists and guest lecturers. This form must be submitted a minimum of **two weeks** prior to the date of the performance, lecture, etc.

For foreign visitors, please see Stacy at least **2 months** prior to the visit.

**Date this form was submitted**:

**Faculty/Student Sponsor:**

Will this guest be paid as an individual? IN Or through a company?

(If you don’t know, please ask your guest prior to submitting this form.)

Guest Artist/Lecturer Name OR Company Name

Guest Artist/Lecturer email:

Guest Artist/Lecturer Phone number:

Guest Artist/Lecturer Address:

Has this Guest Artist/Lecturer ever been an employee of CU?

Timeframe of work From:      To:

Detailed Description of Work:

 Source of Funds?

 Total Budget:

 Amount paid to Guest including

 Honorarium and (if applicable) per diem:

***Confirm with Stacy whether this guest will be paid on Honorarium form or Scope of Work form.***

*Scope of Work only*: Independent contractors typically charge rates adequate to cover their miscellaneous expenses (e.g., travel)… It is prohibited to use other, separate procurement methods (Procurement Card, Travel Card, Marketplace Purchase Order, or Non-Employee Reimbursement form) to cover costs associated with an independent contractor.

*PSC Procedural Statement: Scope of Work (SOW)/Independent Contractor*

## For Office Use Only

**Payee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor \_\_\_\_\_\_ Employee \_\_\_\_\_\_**

**Vendor:**

 Vendor ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supplier invite through Marketplace plus email:

 **RECHECK** one week later: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HNR \_\_\_\_\_ SOW \_\_\_\_\_

 HNR/SOW sent through DocuSign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HNR or SOW or Invoice sent to FSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee:**

 Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Job Code/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Record #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Org: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offer Letter \_\_\_\_\_\_ APF \_\_\_\_\_\_

 Offer Letter sent through DocuSign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 APF initiated through DocuSign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_