

Speaker/Professional Fee Information Form

This form is required when paying for Speaker or Professional Services from the Department of Health & Kinesiology at Texas A&M University

A. Speaker/Professional Services Provider Information

- a. Name _____
- b. Address _____

- c. Phone _____
- d. e-mail address _____
- e. Social Security Number (*required for any payment or reimbursement*) _____
- f. Speaker/Professional Services Fee Amount \$ _____
- g. TAMU Account to Pay From 02- _____

- h. In addition to the Professional/Speaker fee, **to be paid 5 days from services being rendered** and/or documents being returned to Department of Health & Kinesiology will also provide or Reimburse other expenses in the amount of \$ _____ (Estimated total amount)
(please check all categories that apply)
Transportation expenses (e.g. airfare, car rental, mileage, etc.) _____
Lodging expenses _____ Meal expenses _____
Other (please identify) _____

- i. Title of Presentation(s) or Description of Services performed and benefit to TAMU/HLKN. For IEEF expenditures, include course(s) directly benefiting from this expense (*Attach CV of Service Provider*)

- j. Date(s) of Presentation(s)/Services Rendered

k. Individual Certification (*please check all that apply and submit requested documentation*)

___ I am not currently and have not been a Texas A&M University System Employee for the past 12 months. (Any current TAMUS employee or former employee providing services must be paid through the TAMUS Payroll System. Current Employees need to complete and submit the Agreement for Supplemental Compensation <http://payroll.tamu.edu/media/17231/306agreementsupcomp.pdf> (Former employees will need to complete additional payroll processing documents, and should contact the HLKN Business Office). **I have completed, signed and provided a W-9 with my taxpayer information <http://fmo.tamu.edu/media/65345/substitutew9.pdf>**

___ I am a State of Texas Employee. **I am including a completed and signed Employee Statement <http://fmo.tamu.edu/media/65339/employee-statement.pdf>**

___ I am a U. S. Citizen or Permanent Resident (Foreign Nationals with require review of their VISA Status and additional documentation will be required to process payment. Please contact the HLKN Business Office before contracting for services to ensure that an individual can be authorized to receive payment.) Additionally, the Vice President for Research requires that their form <http://vpfnweb3.tamu.edu/InternationalVisitor/> be completed and approved before any expenses are paid.

Services were performed as indicated and Taxpayer information provided is true and accurate

Signature of Individual Providing Services _____

Approval by Account Admin for Expense Authorization _____ Date _____

Documents provided with this form (*please check all provided*): ___ Form W-9 ___ CV

___ Supplemental Employment ___ Employee Statement