

**HSU SPONSORED PROGRAMS FOUNDATION  
SPECIAL LECTURER/HONORARIUM and NON-STUDENT STIPEND PAYMENT FORM**

**Check this box to PICK UP CHECK at the CASHIER'S office at the SBS BUILDING, 2nd floor**  
Give complete address information for all payments.

**\*\*\* NOTE: HSU students, faculty, staff, or HSU Sponsored Programs Foundation employees may not be paid with this form. Call HSU Sponsored Programs Foundation for details (x4189)\*\*\***

The following services were rendered to HSU Sponsored Programs Foundation on/during:

Briefly describe the services performed/program participation:

For Special lecturer/Honorarium payments, I certify I rendered the services described above on the above stated date. In the case of stipends, I certify that I am not an HSU Student, Faculty or Staff member and I participated in the above project during the above stated period.

\_\_\_\_\_  
**Signature of Participant** **Date**

A Payee Data Form (Std. Form 204) must be completed by the vendor if not currently on file

**Payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone #** \_\_\_\_\_

**Total Amount:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

Line Item Name	Amount	Account	Fund	Dept. ID #	Project
_____	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
_____	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
_____	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>

I certify that the above services were necessary to the account affected, that selection was made of the best qualified individual to perform these services which could not otherwise be accomplished, and that the individual's rate for these services/participation is reasonable. In the case of stipends, I certify that this individual participated in the program. I hereby certify that budgeted funds are available for the period and purpose of the above expenditure, and that this expenditure is in keeping with the designated purpose of this account and the university's educational mission.

\_\_\_\_\_  
**Signature of Approved Project Signer** **Date**

\_\_\_\_\_  
**Print Name**

**FOR OFFICE USE ONLY**

\_\_\_\_ Verified Chartfield  
 \_\_\_\_ Funds Available  
 \_\_\_\_ Within Period of Performance