

**SALISBURY UNIVERSITY**  
**PAYMENT REQUEST**  
**HONORARIA, STIPENDS, CONSULTANTS OR PERFORMANCES**

**Note: If Vendor is a current SU Faculty, Staff or Student Employee, please do not use this form. You must use a Human Resources employment contract form unless approved otherwise.**

- ☐ HONORARIUM (Acct-020101; Lecturer/Speaker/Presenter)  
☐ PARTICIPANT STIPEND/REGISTRATION (Acct-089980; Workshops, Training)  
☐ EDUCATION/TRAINING CONTRACT (Acct-081900; Program/Grant evaluator)  
☒ OTHER SERVICES/CONSULTANT (Acct-089965; Performer, Consultant, Photographer, etc.)

**Vendor Name:**

**Vendor Address, line 1:**

**Vendor Address, line 2:**

**City, State and Zipcode line 3:**

**SS Number or FEIN:**

**Employee/Student ID#**


**VENDOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide detailed scope/description of the service performed (please do not exceed 7 lines):


Date(s) of Service (be specific): 

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Fee to be Paid: 

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 Are Travel Expenses to be Reimbursed?: ☐ Yes ☐ No

Department/Project(s)(6-digit code) to be charged: \_\_\_\_\_

Account (6-digit code from above) to be charged: \_\_\_\_\_

Budget Administrator/PI Signature \_\_\_\_\_ Date: \_\_\_\_\_

Budget Administrator/PI Signature \_\_\_\_\_ Date: \_\_\_\_\_

Additional/Optional Approvals:

Dept. Chair/Dean/Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Required for Projects**

Fiscal Grants Management Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Completed Form to: SALISBURY UNIVERSITY, ACCOUNTS PAYABLE, HH-218,  
PO Box 2195, SALISBURY, MD 21802-2195**

***These payments may be subject to IRS 1099 reporting requirements.***