



The University of Georgia

Accounts Payable Honoraria and Fees Information Sheet

(1) University Purchase and Check Request Number

(2) PAYEE: _____

ADDRESS: _____

(3a) INDIVIDUAL - SSN _____

(3b) Check One: US Citizen Permanent Resident Alien

* Do not use this form for non resident alien payments or payments for services outside the US. Please use the appropriate payment forms.

(4) COMPANY - Federal Employer Identification Number

(5) Fee For Services Rendered \$ _____

Reimbursable Expenses (Where Separately Stated) \$ _____

Total Amount To Be Paid \$ _____

(6) TYPE OF SERVICE:

_____ Architect _____ Engineer

_____ Attorney _____ Visiting Lecturer

_____ Physician _____ Prospective Employee Travel

_____ Veterinarian _____ Other _____

(7) Date(s) of Service(s) Performed _____

(8) Description of Service(s) Performed: _____

(9) Signature _____ Date _____

The above services were purchased in accordance with provisions of the University's Administrative Policies and Procedures Manual. Additionally, for reimbursement of travel expenses for non-employees, I certify these expenses are paid in accordance with the University's non-employee travel reimbursement policy.

(10) Signature _____ Date _____
Approved for Payment