

# LECTURERS, SPEAKERS OR ENTERTAINERS INFORMATION

A "W-9" Form must accompany this form.

(revised May 6, 2011)

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

Address: \_\_\_\_\_  
(include city, state and zip)

Performer's Social Security Number OR Agency's Federal Tax Identification Number\* \_\_\_\_\_  
*\*Mandatory. This information is used for IRS tax reporting purpose, K.S.A. 76-725, I.R.S Code 6109 (a)(2)&(3)*

Performer's name \_\_\_\_\_  
(if different than above)

Is the performer a U.S. resident? \_\_\_\_\_ Yes \_\_\_\_\_ No\*  
*\*If no, special arrangements will need to be considered. Please contact the OSAS Budget Office, 532-6541, as soon as possible.*

Is the performer a State of Kansas employee? \_\_\_\_\_ Yes\* \_\_\_\_\_ No  
*\*If yes, SGA is unable to pay State of Kansas employees for honorarium services.*

Amount to be paid: \_\_\_\_\_ It takes 2-3 weeks to process a payment!

Performance Date(s) \_\_\_\_\_ Performance time(s) \_\_\_\_\_ Length of performance \_\_\_\_\_

Performance(s) location: \_\_\_\_\_ Sound check time (if necessary) \_\_\_\_\_

Type of performance/service: \_\_\_\_\_

Any additional provisions: \_\_\_\_\_

Student organization(s) sponsoring event: \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## PLEASE CHECK ONE:

Time permitting, have check available for performer night of event \_\_\_\_\_

Please send check directly to address above the day after the event occurs \_\_\_\_\_

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## TO BE COMPLETED BY THE PERFORMER/AGENCY

I understand that I will be paid by State of Kansas check upon completion of the above performance(s). I can be reached at (email) \_\_\_\_\_ and/or (phone #) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ should you require any additional information.

Performer's/Agent's signature \_\_\_\_\_ Date \_\_\_\_\_

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Purchasing Department Only:

Approved: \_\_\_\_\_

Date: \_\_\_\_\_