

CONSULTANT/HONORARIUM/LECTURER PAYMENT REQUISITION

Please complete and sign this payment authorization for performing a service for SUNY Potsdam. Please attach any information or documentation available that pertains to the service you are being paid for. Do not leave any section blank, as it will delay payment to you.

➤ Are you a US citizen or a permanent resident of the US?

➤ _____Yes OR _____No

If the answer to this questions is No, you are required to submit a working VISA before you can work for the State of New York.

➤ Do you currently work for the State of New York at this agency or any NYS agency?

➤ _____Yes OR _____No

➤ Have you worked for any NYS agency within the past calendar year?

➤ _____Yes OR _____No

If you answered “YES” to either of the above questions, you are classified as an employee and must follow Extra Service Payment Procedures through the Office of Human Resources. If “NO”, please continue and print legibly.

1) Please describe the service you are asking to be paid for and the dates of service:

2. Payee Name & Address: (Please print legibly)

3. Social Security Number or Federal Identification Number: _____

4. Payment Amount: _____

5. Signature of Payee & Date: _____

6. Signature of Authorized Account Holder: _____

7. State Account Number: _____