

# 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.**

## **STOP – PLEASE ANSWER THESE QUESTIONS**

Are you a current NYS employee who is employed by SUNY Potsdam as a member of the Faculty or Staff, or as a Work-Study or Student Assistant?

Yes OR No

- Have you worked for any NYS agency within the past calendar year as a member of the Faculty or Staff, or as a Work-Study or Student Assistant?

Yes OR No

If you answered "YES" to any of the above questions, then you are classified as a NYS employee and cannot use this form. You **must** follow Extra Service Payment Procedures. If you are a Faculty or Staff, you must complete an Employment Appointment Form found on the Human Resources website at <http://www.potsdam.edu/sites/default/files/Employment%20Appointment.pdf>, secure appropriate signatures, and submit the completed document to HR for processing and payment. If you are a Student Assistant or Federal Work Study Student you have to fill out a Student Employment Appointment Form found on the HR website at <http://www.potsdam.edu/sites/default/files/Student%20Contract.pdf>, secure appropriate signatures and submit the completed document to HR for processing and payment. If you need assistance determining your employment status, please contact Human Resources for clarification.

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

\_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. Payee email address \_\_\_\_\_

4. Payee phone number \_\_\_\_\_

5. Social Security Number or Federal Identification Number: \_\_\_\_\_

6. Payment Amount: \_\_\_\_\_

7. Signature of Payee: \_\_\_\_\_ Date \_\_\_\_\_

8. Signature of Authorized Account Holder: \_\_\_\_\_

9. State Account Number: \_\_\_\_\_

**Department note: Please send form to HR for signature before sending to Purchasing & Payables.**

HR Signature: \_\_\_\_\_

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