

Guest Payment Request Form

The requestor is responsible for coordinating and attending the event.

Requestor: _____

Email: _____

EVENT INFORMATION

Event Title: _____

Event Location: _____

Date/Time of Event: _____

Guest Name: _____

Guest Email: _____

Guest Nationality: _____

Guest Affiliations:(including company, university, and government agency): _____

Service Provided: _____

Stipend: _____

Event Expense: Pay Guest Artist Paid by OU

Travel:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Lodging:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain): _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain): _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

INDEPENDENT CONTRACTOR FORM QUESTIONS	YES	NO
1. Will this contractor have access to patients or patient information?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will this contractor perform service on campus?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will this contractor drive a vehicle as part of their service?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is this contractor required to have a license or certification?	<input type="checkbox"/>	<input type="checkbox"/>
5. US Citizen or permanent resident (green card holder)?	<input type="checkbox"/>	<input type="checkbox"/>

FUNDING INFORMATION (Select all that apply)

- | | | | | | | | |
|---------------------------------|------------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> BRASS | <input type="checkbox"/> CHORAL | <input type="checkbox"/> COMP | <input type="checkbox"/> ETHNO | <input type="checkbox"/> JAZZ | <input type="checkbox"/> MUED | <input type="checkbox"/> MUTH | <input type="checkbox"/> MUSICOLOGY |
| <input type="checkbox"/> ORCH | <input type="checkbox"/> ORGAN | <input type="checkbox"/> PERC | <input type="checkbox"/> PIANO | <input type="checkbox"/> STRINGS | <input type="checkbox"/> VOICE | <input type="checkbox"/> WW | <input type="checkbox"/> SOM |
| <input type="checkbox"/> MASALA | <input type="checkbox"/> RESONANCE | <input type="checkbox"/> RUGGLES | | | | | |

OTHER (explain): _____

NOTE:

Requestor Signature _____ Date _____

Area Chair _____ Date _____
(if using area funds)

Director Signature _____ Date _____