

IU Jacobs School of Music
Non-Employee Payment Request Form (NEPRF)

Name: _____

Address: _____

Phone Number: _____

Email address: _____

US Citizen? Yes _____ No _____

If no, what type of visa? _____

Does the visitor have a US SSN or taxpayer identification #? Yes ___ No ___
(**DO NOT** write that # on this form)

Is this a summer program involving children? Yes ___ No ___

Description of visit:

Arrival Date: _____ Departure Date: _____

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Payment:

Honorarium amount: _____

Travel: (please check one)

Hotel: Jacobs pre-pay _____ Reimbursement _____

Airfare: Jacobs pre-pay _____ Reimbursement _____

Limo Service: (airport rides)

Jacobs pre-pay _____ Reimbursement _____

Will the guest need a parking permit? Yes ___ No ___

Will there be any other form of travel related reimbursement to this guest:

Special

instructions: _____

JSOM Contact:

Name: _____ Department: _____

Email: _____ Phone: _____

Account # to charge: _____

Signature of contact person: _____ Date: _____

Signature of dept. chair: _____ Date: _____

Signature of FO: _____ Date: _____

Signature of FO: _____ Date: _____

Signature of Dean: _____ Date: _____

Signature of processor: _____ Date: _____