The Unive	raite of Coordia	Foundation
Honoraria and Fees Information Sheet		
UGA Foundation Check Request Nu PAYEE:	mber	
ADDRESS:		
INDIVIDUAL - SSN		
	Permanent Resident lien payments or payments	
4) COMPANY - Federal Employer Identification Number		
Fee For Services Rendered		
Reimbursable Expenses (Where Separately Stated)		
Total Amount To Be Paid		
TYPE OF SERVICE:		
Architect	Engineer	
Attorney	Visiting Lecturer	
Physician	Prospective Em	ployee Travel
Veterinarian	Other	
Date(s) of Service(s) Performed		
(8) Description of Service(s) Performed:		
Signature(Signature not require	ed if invoice is attached)	Date
ve services were purchased in accord	dance with provisions of t	he UGA Foundation Policies and Procedures.
	nt	Date
	Ho UGA Foundation Check Request Nu PAYEE: ADDRESS: INDIVIDUAL - SSN Check One: US Citizen Do not use this form for non resident a appropriate payment forms. COMPANY - Federal Employer Identified Fee For Services Rendered Reimbursable Expenses (Where September Sept	UGA Foundation Check Request Number PAYEE: ADDRESS: INDIVIDUAL - SSN Check One: US Citizen Permanent Resident Do not use this form for non resident alien payments or payments appropriate payment forms. COMPANY - Federal Employer Identification Number Fee For Services Rendered Reimbursable Expenses (Where Separately Stated) TOtal Amount To Be Paid TYPE OF SERVICE: Attorney Physician Prospective Em Veterinarian Other Date(s) of Service(s) Performed Gignature (Signature not required if invoice is attached) ve services were purchased in accordance with provisions of the services

The University of Georgia Foundation

Instructions for Completing a Honoraria and Fees Information Sheet

- 1. Enter the number shown in the top left hand corner of the University of Georgia Foundation Check Request form to which the information sheet is to be attached.
- 2. Enter the name of the payee and the complete mailing address including ZIP Code.
- 3a. Enter the SSN of the payee.
- 3b. Check the individuals applicable citizenship. Permanent Resident is a green card holder. If the payment is to a non resident alien, please complete the appropriate non resident alien payment forms.
- 4. Enter the Federal employer identification number of the payee if other than an individual. (example: 54-1234567)
- 5. Enter the amount representing the fee to be paid for Services rendered. If a portion, of all, of this payment can be separated as reimbursement of expenses incurred, the portion should be shown under reimbursable expenses.
- 6. Check the general type of service provided by the payee.
- 7. Enter date(s) service(s) was performed.
- 8. Enter a clear, concise description of the service(s) performed.
- 9. Have payee sign form unless a separate letterhead invoice is attached.
- 10. Person initiating payment request should sign here.