



The University of Georgia

Accounts Payable Honoraria and Fees Information Sheet

(1) University Purchase and Check Request Number

(2) PAYEE: John Doe

ADDRESS: 1 Nowhere Rd.; Athens, GA; 3060#

(3a) INDIVIDUAL - Social Security Number 123-45-6789

(3b) Check One: US Citizen Permanent Resident Alien

* Do not use this form for non resident alien payments or payments for services outside the US. Please use the appropriate payment forms.

(4) COMPANY - Federal Employer Identification Number

(5) Fee For Services Rendered \$

Reimbursable Expenses (Where Separately Stated) \$

Total Amount To Be Paid \$ \$0.00

(6) TYPE OF SERVICE:

Architect Engineer
 Attorney Visiting Lecturer
 Physician Prospective Employee Travel
 Veterinarian Other Conference Travel

(7) Date(s) of Service(s) Performed ##-## Month Year

(8) Description of Service(s) Performed:

To attend and present at AERA

(9) Signature _____ Date _____
(Signature not required if invoice is attached)

The above services were purchased in accordance with provisions of the University's Administrative Policies and Procedures Manual.

(10) Signature _____ Date _____
Approved for Payment

This form must be typed.

July 2005
<http://www.busfin.uga.edu/forms/CI10.pdf>