



### HONORARIA/INDEPENDENT CONTRACTOR SERVICE CLAIM

**I. PAY TO (PLEASE PRINT):**

PAYEE FIRST NAME	PAYEE LAST NAME
HOME ADDRESS	ADDRESS
CITY, STATE, ZIP	TELEPHONE NUMBER
PAYEE SOCIAL SECURITY NUMBER	FAX NUMBER
ORGANIZATION NAME TO BE CHARGED	ORG NUMBER

**II. DESCRIPTION OF SERVICES**

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**III. DATES OF SERVICES**

FROM	TO
FROM	TO

**IV. PAYMENT AMOUNT**

**1. SERVICES COMPLETE A OR B (Include Invoice, State Voucher and Tax Determination Form)**

A.	Contract Fee			
B.	Rate per hour/ day	_____	X hours/days	0.00
	Total			\$ 0.00

**V. PAYEE CERTIFICATION- PLEASE CHECK BELOW**

I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I am \_\_\_ or I am not \_\_\_ currently on the NYS payroll.

SIGNATURE	DATE
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**VI. DEPARTMENT AUTHORIZATION**

I certify that the above services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

AUTHORIZED SIGNATURE OF EXECUTIVE OFFICER/DEPARTMENT HEAD	DATE
PRINT NAME	TELEPHONE NUMBER
AUTHORIZED SIGNATURE OF PROVOST	DATE
PRINT NAME	TELEPHONE NUMBER