

Cal Poly Corporation

GUEST LECTURER AND/OR ONE-TIME PAYMENT REQUEST/AUTHORIZATION
(Non-Campus/CSU/State Agency Personnel Only)

All spaces below must be completed, in ink or typed. Sample signatures of authorized approving representatives must be on file in the Corporation Business Office and must agree with signatures on this request.

Payee
HOME ADDRESS ONLY:

Date of Request

ROUTE THROUGH:

- Sponsored Programs
- Conference Services

Social Security Number

Project-Object Code Amount
_____ \$
_____ \$

Please complete a W-9 "Request for Taxpayer Identification Number and Certification" if you do not have one on file with Cal Poly Corporation
 Attached

Total Amount of check \$

Description of Services (if this is for a workshop, if possible, attach a brochure or flyer).

Services Performed (date):

Services provided for (name of project staff or seminar group)

Regular employment status of person rendering service - (if available, attach a vita)

Payee Signature _____

Date Check is Needed: _____

*Effective 1/1/04 – Public Contract Code prohibits CSU employees (except for those with teaching or research responsibilities) from contracting with or being employed by the Corporation if the source of the funds for the goods or services comes from CSU funds, unless required by his/her CSU or a CSU contract employment.

REQUESTED BY: _____ OTHER APPROVAL: _____

Phone # and e-mail: _____

Dept Approval _____ CPC MGMT _____

Remarks:

FOR OFFICE USE ONLY: Invoice #: _____ OPTIONAL G.L. REMITTANCE DESCRIPTION:	CHECK DISBURSEMENT: DO NOT MAIL: Pick up at Receptionist _____ Call – phone # _____ Name _____ MAIL TO: Address Shown _____ Other _____
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