



The Foundation for
California State University, San Bernardino
Payroll Office (909) 537-7225

**REQUEST FOR INSTRUCTIONAL GUEST LECTURER/PERFORMANCE
PAYMENT
(THIS PAYMENT WILL BE PROCESSED THROUGH FOUNDATION PAYROLL)**

Date: _____

Mail Paycheck

This is to request payment by check for the following guest lecturer or performer:

Name of Lecturer/Performer: _____

Home Address: _____

Social Security Number: _____ - _____ - _____ Tel. #: () _____

Job Title: _____

CSUSB Faculty () No () Yes Full time ___ Part Time ___

Date of Events: _____ Time: _____ Place: _____

Description of Events: _____

Amount to be Paid \$ _____

Account(6 digits)

Fund(5 char)

Department(5 char)

Project (7 char)

By signing this form, I certify that the lecture/performance described above is true and correct to the best of my knowledge. This payment will be processed through payroll, additional paperwork such as W-4 and I-9 forms are required. All applicable employee taxes will be deducted from the gross pay. A W-2 will be issued at year end.

Signature of Lecturer/Performer

Signature of Director

Mail Check