



Guest Speaker Invoice/Payment Form

Completed by Course Instructor

Professor Name: _____ Date: _____
(Last, First) (MM/DD/YY)

Course: _____ Guest Speaker Name: _____
(Number & Title) (Last, First)

Date of Visit: _____ Time of Visit: _____ Requiring Courtesy Parking: Yes No
(MM/DD/YY)

Payment Amount: _____ Account/Funding Source: _____

Completed by Guest Speaker

Speaker Name: _____ Email: _____
(Last, First)

Have you been employed by UCLA in the past 5 years? Yes No

Have you previously received a guest speaker payment from UCLA? Yes No

If so, please provide your vendor number: _____

Are you a U.S. Citizen? Yes No

Are you a U.S. Permanent Resident? Yes No

Are you a Foreign National? Yes No

Mailing Address: _____

Please complete a UCLA W-9 Form and email completed form to Sandy Garcia at sgarcia@chavez.ucla.edu

OFFICE USE ONLY

W-9 Completed One-Time Payment Vendor Payment Foreign Payment

Vender Request Number: _____ VCK Number: _____

Payment Amount: _____ FAU: _____

PO: _____ Comments: _____