# The City University of New York
## LEHMAN COLLEGE
### 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 (    )          - |
| DEPARTMENT NAME TO BE CHARGED | DEPARTMENT NUMBER TO BE CHARGED |

II. **DESCRIPTION OF SERVICES**

|  |
|---|
|  |

III. **DATES OF SERVICE**

| FROM | TO |
|---|---|
| FROM | TO |

IV. **PAYMENT/REIMBURSEMENT AMOUNT**

1. <u>SERVICES: COMPLETE A OR B</u>

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

2. TRAVEL EXPENSES (NON-EMPLOYEE ONLY – REFER TO CURENT TRAVEL GUIDELINES)

   A. Transportation ($_____/mile x _____ miles)      $_____
   B. Lodging (Amount/Day _____ x _____ days)      $_____
   C. Meals (Non-employee per diem only)                 $_____
   D. Other (Attach explanation/justification)              $_____

V. **PAYEE CERTIFICATION**
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 have not been on the New York State payroll during the last two years.

| PAYEE SIGNATURE | DATE |
|---|---|

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 | DATE |
|---|---|

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