

MOORE COLLEGE OF ART & DESIGN
BUSINESS OFFICE
CHECK REQUEST DOCUMENTATION

DATE: _____

VENDOR NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____
(Needed for all guest lecturers, honorariums,
services rendered by an individual to Moore
College of Art & Design)

DATE(S) OF SERVICE: _____

PURPOSE: _____

FEE OF SERVICE: _____
(If paid by hourly rate, please indicate number
of hours x \$\$ per hour)

PAYMENT: _____ 30 days from date of service _____

ACCOUNT NUMBER: _____

SIGNATURE OF INDEPENDENT CONTRACTOR

APPROVAL OF DEPARTMENT HEAD/DIRECTOR