GEORGE ASSONHonorarium Payment RequestSend to Accounts Payable, MS 3C1 Tel: (703) 993-2580 Fax: (703) 993-2589				Optional Tracking Number: • Use for payments less than \$2,000 (If greater than \$2,000, this form must be submitted via an eVA order) • This form may not be used for Mason employees			
Payee Information			Check One:				
Name:			Pick-Up at A/P Dept., Call Ext.				
			Mail to address shown				
Address			Mail Attachment (Copy Attached)				
City	State	Zip Code] Other:				
G#:			Date Submitted:				
1	npleted W-9 must be atta	ched)	I	Date Required:			
<u>W-9 Form</u>							
	t	Check One:					
Date of Service Performed:			zen/lawful permanent resident				
Fund/Org:							
*Activity Code:		Nonimm	Nonimmigrant visa holder and honorarium activities conducted in the U.S.				
Account: <u>78130</u>		Visa Sta	atus:				
		Send fo	rm to International Tax	x, MS 4B2.			
└── cor Ple			US citizen OR Nonimmigrant visa holder and honorarium activities ucted outside the U.S. se ask recipient to complete <u>Statement for Services Performed</u> I this form and signed Statement to International Tax, MS 4B2.				
Description of Service Performed:							
Amount:							
contract, the fee is not set or distinguished guest lecturer	token of appreciation paid to negotiated by the recipient. T or noted scholar participating nt is not required. There is no	raditional honorarium payme in a symposium. An operatio contract, the fee is not set or r	ents will not be issued to Ma nal honorarium is a token of negotiated by the recipient.	son employees or students f appreciation paid to an inc	. Examples dividual for	include: services	
		Signat	<u>ures</u>				
Signature of person requesting payment Signature of approving official for Fund or Organization		Printed Name:	Title:		Date:		
		Printed Name:	Title:		Date:		
	cial for Fund or Organization	nts Payable)					
-			,			1	
Dept. Name:			MSN:]	
Contact Person:			Phone Nu	mber:]	

Distribution: Send original to Accounts Payable; keep a copy for department records.