The City University of New York Hunter College HONORARIA/INDEPENDENT CONTRACTOR SERVICE CLAIM

I. PAYEE INFORMATION (PLEASE PRINT):	
FIRST NAME	LAST NAME
HOME ADDRESS	ADDRESS
CITY, STATE, ZIP	TELEPHONE NUMBER
SOCIAL SECURITY NUMBER	() - FAX NUMBER
	() -
II. DESCRIPTION OF SERVICES:	
III. DATES OF SERVICES:	
FROM	ТО
FROM	ТО
IV. PAYMENT AMOUNT - COMPLETE A OR B:	
A. Contract Fee B. Rate per hour/day \$	\$ X hours/days \$
2. Nate per neurrary \$\frac{1}{2}	
V. PAYEE CERTIFICATION:	
I certify that the above services have been performed and that the payment claimed is a true and accurate representation. I further certify that I am not currently on nor have been on The	
City University of New York or New York State payroll during the last two years.	
SIGNATURE	DATE
STOWNTONE	DATE
VI. DEPARTMENT AUTHORIZATION:	
I certify that the above services have been performed, that the payment claimed is true and accurate, and that the charges are authorized against the account number listed below.	
AUTHORIZED SIGNATURE	DATE
DEPARTMENT NAME	DEPARTMENT NUMBER