Date				· · · · · · · · · · · · · · · · · · ·			
Paying Department:       The George Washington University							
Paying Dep				-			
<ol> <li>Form need</li> <li>For a new honorarium the W9 for</li> <li>For a new Information conditions</li> </ol>	Is to be filled out completed out completed out completed out completed to the model of the mode	etely and in <i>advance</i> of ecipient, please submit to attach a completed an Supplier Maintenance please send the comple quired and should be at t, e.g., payment guidelir	the completed and approved Honor ad signed W9 form to the Honorar for registration. ted and approved Honorarium Re tached to the Honorarium Recipie	orarium Recipient Form to Acco ium Recipient Form. Following cipient Form to Accounts Payab ent Form. Please contact Account es relating to payment of honora	bunts Payable using <u>GW iBuy+ Invoice</u> . Note that a review by Accounts Payable, the honorarium form ble using <u>GW iBuy+ Invoice</u> . A W-8BEN and an Al its Payable for more information about the rules and ria to individuals who are not U.S. citizens or	with ien	
	pleted only by the			**			
Recipient Name:				Last Four Digits of SSN:			
Are you a	U.S. Citizen or Perr	nanent Resident?	(if no see a, b, a	nd c below)			
a. Indicate	the type of your v	isa (for example, I	3-1/B2, VWB/VWT, J-1 etc.:				
Interr b. Comple <u>https://t</u> c. Give all	ational Service Off te the W-8BEN & A <u>axdepartment.gw</u> three forms, along g the U.S.)	fice before engagi lien Information F u.edu/university-t	ng the individual for the h Request Form located at: ax-frequently-asked-ques	ionorarium services to de <u>tions</u>	equirements. Please consult with the etermine eligibility. (Passport and visa not required if not		
Recipient's Phone			R	ecipient's Email		_	
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To be com Oracle Ali	<b>pleted only by the</b> as		ural Account:		Amount:		
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Foreign Accounts :       Regions       Type of Activity         Please provide description and location of activity or event, including the Recipient's role. [Example: Deliver lecture on "Topic Name" at GW XYZ         Department in Arlington, VA; Assist in Evaluating Applicants for ABC] or provide a copy of the event program:							
Project:	Task	«: Av	ward:	Expenditure Type:	Date:		
•	re Organization:		Expenditure Date	:			
OVPR App	oroval Signature &	Stamp					
Dept. Contact Name:				Dept. Contact Email:			
Dept. Contact Phone Number:				School / Division:			
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Audited By & Date: