



Honoraria/Guest Speakers Payee Certification

Payment Details

Date(s) of Service. If services will be provided on more than one day, list all dates of service.

Description of service(s) to be provided by payee

Payment amount (US Dollars)

Payee Details

Payee First Name

Payee Last Name

Payee Phone Number

Payee Email Address

Payee Address Line 1

Payee Address Line 2

Payee Address Line 3

By signing this form, I, _____, attest and/or agree to the following:

- I am not a current Indiana University employee and have not received payroll payment from Indiana University in the past 365 days.
- Payment will be issued to me using payment and tax information in my Jaggaer/BUY.IU supplier profile and cannot be processed until supplier registration is complete. I will complete the supplier registration process. If I have an existing supplier profile, I will ensure the information is current.
- The information stated in the Payment Details section above accurately reflects the service(s) I will perform in exchange for the payment amount stated.

Payee Signature

Date of Signature