

UMBC

Payment Request

Date _____

___ Check here for potential Non-Resident Alien Payment. Please complete the Foreign National [Independent Contractor Payment Form](#).

Payment Type: (Please Check the Appropriate Box)

- ___ Honarium (requires original, signed letter of acceptance)
- ___ Stipend (requires documentation of stipend amount)
- ___ Refund of Revenue (requires proof of deposit of collected revenue)
- ___ Intellectual Property Rights Payment
- ___ Memberships (where p-card is not accepted)
- ___ Registrations (where p-card is not accepted)
- ___ Student cultural events (where p-card is not accepted)
- ___ R*STARS payments (other State agencies)

RESERVED FOR A/P USE
PS Vendor ID
Handling Code:
T-CODE

Pay to: Tax ID #: _____

Name: _____
Address: _____

Telephone: _____

Description/Explanation: _____

Total Remittance Amount: \$ _____

Amount	Fund	Dept	P-Fin	Account	Project	Activity	R-Type

R*Stars Information Required: Agency No.: _____ PCA: _____ Object: _____ T Code: _____

Certification for Honorariums: The services of the payee were necessary and could not be met by salaried personnel. The payee is not employed by any agency of the State of Maryland, the University System of Maryland, or any county Board of Education. The fee is appropriate considering the qualifications of the payee and the nature of the services provided. An effective selection process was employed to secure the most qualified person available, given the nature and extent of the services provided.

Approvals: Signature, Phone Number and Date Signed

	Preparer	Dept. Approval	Procurement Approval <small>(required only for purposes other than noted Payment Type)</small>
Signature			
Phone No.			
Date			