



State University of New York at Oswego  
105 Mahar Hall

**CHECK REQUEST FROM**

Note: Please type. You can complete and print this form using Adobe Acrobat Reader. However, to save the form you will need the full version. Please submit this request at least ten business days before the date the check is needed.

Requested payment:

ARTIST/SPEAKER HONORARIA \_\_\_\_\_

Expenses: Travel Reimbursement \_\_\_\_\_

Hospitality/Reception \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

*A completed IRS W9 is required for all artist/speaker payments. Attach receipts for all other expenses.*

Date of Event: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Make Check Payable To (include complete address):

Select delivery method: Send Directly to Artist

Hold at 105 Mahar for Pick-Up

Send to Faculty Host @ \_\_\_\_\_

Request Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_