



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: _____