



**BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF TRUCKEE MEADOWS COMMUNITY COLLEGE**

**GUEST SPEAKER PAYMENT REQUEST FORM**

**I. INSTRUCTIONS FOR USE:**

This form may be used for contracts with individuals engaged as guest speakers who:

- provide one-time nonrecurring services,
- are being paid \$2,000.00 or less in total, and;
- who are not otherwise employed by the Nevada System of Higher Education (NSHE) (which includes CCSN, DRI, GBC, TMCC, UNLV, UNR, WNCC, or any of the NSHE System Administration Offices).

If the payment exceeds \$2,000.00 you must submit a NSHE Independent Contractor Agreement for payment requests.

If the individual is not a U.S. citizen or lawful permanent resident (green card holder), see additional requirements in item III below.

If reimbursing for travel expenses, the NSHE is limited by state policy to reimbursing at the same rates as for employees for lodging and meal per diem. For this reason, it is recommended that an honorarium be paid that is inclusive of all costs to the speaker in cases where lodging and meal expenses may exceed state rates. Original receipts must be submitted with this form for reimbursements. The NSHE may not be directly invoiced from a hotel for a traveler's expenses.

Payments to guest speakers will be subject to 1099 or 1042-S (if a nonresident alien) reporting guidelines.

**Submit this form, a Form W-9 (or W-8BEN), to the Finance and Administrative Office, Sierra 202-d. A U.S. taxpayer identification number (TIN) is required.**

**II. GUEST SPEAKER INFORMATION – ALL INFORMATION IS REQUIRED (INCLUDING ANSWERING QUESTIONS A – C BELOW):**

Guest Speaker's Full Name: \_\_\_\_\_  
Last First MI

U.S. Taxpayer Identification Number: \_\_\_\_\_

Speaking Date(s): \_\_\_\_\_ Total Fee: \_\_\_\_\_

Speaker must complete/attach Form W-9 (if a U.S. citizen or resident) or W-8BEN (if international) as Page 5 of this Agreement

**A) Is the guest speaker a current or former (within the current calendar year) employee of any institution of the Nevada System of Higher Education?** Yes  No

*If the answer to question A is yes, do not proceed with this form. Process the payment on an employment document.*

**B) Is the guest speaker a member of the same household as a NSHE employee?** Yes  No

If the answer to question B is yes, do not proceed with this form. Under the Board of Regents "Conflict of Interest" policy (B/R Handbook, Title 4, Chapter 10), payment is not allowed.

**C) Is the guest speaker a U.S. citizen or lawful permanent resident (green card holder)?** Yes  No

If the answer to question C is no, contact the Business and Finance office for additional documentation requirements and approval of Section III.

**D) Does the guest speaker have Workers' Compensation Insurance?** Yes  No

If the answer is yes, attach proof of insurance.

**E) If the answer to question D is No, is the guest speaker a sole proprietor?** Yes  No

If the answer is yes, have the guest speaker complete an Affidavit of Rejection of Coverage. This form is located on the VP Finance and Administration Services' Web site, <http://www.tmcc.edu/vp/finance/downloads/>

### III. INTERNATIONAL GUEST SPEAKERS:

International guest speakers may not be contracted, paid, or reimbursed without documentation substantiating the individual's immigration status prior to the commencement of services. Contact the Business & Finance office for information on obtaining the proper visa status for guest speakers. A checklist of additional documentation requirements for visa categories can be obtained from the Business & Finance office and approval of the non-resident tax specialist must be obtained. Payments to international guest speakers are subject to 30% federal income tax withholding. All payments to nonresident aliens will be subject to Form 1042-S reporting guidelines.

\_\_\_\_\_  
Approval of NSHE Nonresident Tax Specialist

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**IV. ACCOUNT(S) TO BE CHARGED:**

FUND	AGCY	ORGN	OBJ	SOBJ	BSACCT	DESCRIPTION	AMOUNT
<b>Total</b>							

**Disposition of Check if not to be mailed to speaker address:**

**Honorarium Fee:** \$ \_\_\_\_\_

**Travel:** \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

The Nevada System of Higher Education is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, or physical or mental disability in any program or activity it operates. The NSHE employs only United States citizens and individuals lawfully authorized to work in the U.S.

**Speaker must complete and attach Form W-9 (if a U.S. citizen/resident) or W-8BEN (if international) as Page 5 of this agreement.**

**Payment Authorization:** Based on the above, it is my determination that the guest speaker meets the guidelines for one-time, nonrecurring guest speaker payments

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized Account Signature                      Date

\_\_\_\_\_  
Printed Name of Authorized Signature                      Department                      Mailstop

\_\_\_\_\_  
Department Contact                      Telephone No.                      Fax No.

**Agreement:** I have read and agreed to the above representations and assert that they are true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Speaker's Signature                      Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone No.                      Fax No.                      E-mail Address

**Approval:** Board of Regents of the Nevada System of Higher Education, on behalf of Truckee Meadows Community College

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature                      Date

**Name:** Dr. Maria Sheehan                      **Title:** President