

GUEST SPEAKER/PERFORMER PAYMENT REQUEST

I. INSTRUCTIONS FOR USE

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

- Provide one-time nonrecurring services,
- Are being paid \$25,000.00 or less in total, and;
- Who are not otherwise employed by the Nevada System of Higher Education (NSHE) (which includes College of Southern Nevada, Desert Research Institute, Great Basin College, Truckee Meadows Community College, University of Nevada Las Vegas, University of Nevada Reno, Western Nevada College, or any of the NSHE Offices).

If the payment exceeds \$25,000.00 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/performer 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/performers will be subject to 1099 or 1042-S (if a nonresident alien) reporting guidelines.

Submit this form and a completed BCN Vendor Registration Substitute W-9 form to the Contracts and Risk Management Office, RDMT 330B. If the total fees are more than \$2,000, you will also need to submit a completed Requisition form. Forms are available from [NSHE Business Center North Purchasing](#).

A U.S. taxpayer identification number (TIN) is required.

II. GUEST SPEAKER/PERFORMER INFORMATION – all information is required (including answering the questions below)

Last Name		First Name	Middle Initial
Social Security Number/ITIN	Or EIN	Speaking / Performance Dates	
Description of Speaking/Performance			

- A) Is the guest speaker/performer a current or former (within the current calendar year) employee of any institution of the Nevada System of Higher Education (which includes College of Southern Nevada, Desert Research Institute, Great Basin College, Truckee Meadows Community College, University of Nevada Las Vegas, University of Nevada Reno, Western Nevada College, or any of the NSHE Offices)?** Yes No

If the answer to question A is "Yes", do not proceed with this form. Contact TMCC Human Resources to process the payment on an employment document.

- B) Is the guest speaker/performer 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) **Does the guest speaker's or performer's business have a principal who is a current or former Nevada State employee?** Yes No

If the answer is "Yes", guest speaker/performer must provide TMCC with a current Certificate of Good Standing issued by the Nevada Secretary of State.

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

If the answer to question D is "No", contact the Cashier's Office for additional documentation requirements and approval of Section III.

- E) **Does the guest speaker or performer have Workers' Compensation Insurance?** Yes No

If the answer is "Yes", attach proof of insurance.

- F) **If the answer to question E is No, is the guest speaker or performer a sole proprietor?** Yes No

If the answer is "Yes", have the guest speaker/performer complete an Affidavit of Rejection of Coverage form (*available from: <http://www.tmcc.edu/budget/downloads/>*).

III. INTERNATIONAL GUEST SPEAKERS/PERFORMER

International guest speakers/performers may not be contracted, paid, or reimbursed without documentation substantiating the individual's immigration status prior to the commencement of services. Contact the Cashier's Office for information on obtaining the proper visa status for guest speakers/performers. A checklist of additional documentation requirements for visa categories can be obtained from the Cashier's Office and approval of the non-resident tax specialist must be obtained. **Payments to international guest speakers/performers 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	OBJT	SOBJ	BACC	Description	Amount
Total							

Disposition of check if not to be mailed to speaker/performer's address

Honorarium Fee	
Travel Costs	
Total Fee	

The Nevada System of Higher Education is committed to providing a place of work and learning free from discrimination on the basis of a person's age, disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy related condition), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, or religion. Where discrimination is found to have occurred, the NSHE will act to stop the discrimination, to prevent its recurrence, to remedy its effects, and, if appropriate, to discipline those responsible.

Speaker/Performer must complete and attach a completed BCN Vendor Registration Substitute W-9 form (*forms are available from NSHE Business Center North Purchasing*).

V. PAYMENT AUTHORIZATION

Based on the above, it is my determination that the guest speaker/performer meets the guidelines for one-time, nonrecurring payments.

Authorized Signature: _____ Date: _____

Printed Name of Authorized Signer	Department	Mailstop
Department Contact	Telephone Number	Fax Number

VI. AGREEMENT

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

Speaker/Performer's Signature: _____ Date: _____

First Name	Middle Initial	Last Name	
Address	City	State	Zip Code
Telephone Number	Fax Number	Email Address	
International Address (include city or town, state or province, and postal code)			
Country	International Telephone Number	International Fax Number	

VII. APPROVAL

Board of Regents of the Nevada System of Higher Education, on behalf of Truckee Meadows Community College.

Name	Department	Title
Signature	Date	