

**IU Jacobs School of Music**  
Non-Employee Payment Request Form (NEPRF)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**US Citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what type of visa? \_\_\_\_\_

Does the visitor have a US SSN or taxpayer identification #? Yes \_\_\_ No \_\_\_  
(**DO NOT** write that # on this form)

Is this a summer program involving children? Yes \_\_\_ No \_\_\_

**Description of visit:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Payment:**

Honorarium amount: \_\_\_\_\_

**Travel:** (please check one)

Hotel: Jacobs pre-pay \_\_\_\_\_ Reimbursement \_\_\_\_\_

Airfare: Jacobs pre-pay \_\_\_\_\_ Reimbursement \_\_\_\_\_

Limo Service: (airport rides)  
Jacobs pre-pay \_\_\_\_\_ Reimbursement \_\_\_\_\_

Will the guest need a parking permit? Yes \_\_\_ No \_\_\_

Will there be any other form of travel related reimbursement to this guest:

\_\_\_\_\_  
\_\_\_\_\_

**Special**

**instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**JSOM Contact:**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Account # to charge: \_\_\_\_\_

Signature of contact person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of dept. chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of FO: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of FO: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of processor: \_\_\_\_\_ Date: \_\_\_\_\_