

# Humboldt State University Sponsored Programs Foundation

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## CONTRACTUAL / SPECIAL LECTURER / CONSULTANT CERTIFICATION / HONORARIUM

Attach this form to a completed check request.

DATE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

FROM: \_\_\_\_\_

Name of Participant\*

Home Address

City/State/Zip

Social Security Number: \_\_\_\_\_

Federal Tax ID # (if your business has one): \_\_\_\_\_

The following services were rendered to Humboldt State University Sponsored Programs Foundation on

\_\_\_\_\_ at the request of \_\_\_\_\_  
Date(s) of Service Grant or Foundation Account Name

Briefly describe the services performed:

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

\_\_\_\_\_  
Signature of Participant

\* NOTE: HSU students, faculty, staff, or HSUSPF employees may not be paid as special lecturers or consultants. Call HSUSPF Payroll for details.

### TO BE COMPLETED BY PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

I certify that the above services were necessary to the account affected, that selection was made of the best qualified individual to perform these services which could not otherwise be accomplished, and that the individual's rate for these services is reasonable.

\_\_\_\_\_  
Authorized Signer (Principal Investigator / Project Director)

\_\_\_\_\_  
Date