

WCSU STUDENT ACTIVITY FEE

PSA PAYMENT AUTHORIZATION FORM*****THIS FORM MUST BE HANDED IN TO CSI NO LATER THAN 5 DAYS AFTER THE EVENT****

This form is used to pay performers/DJ's/lecturers for performances/lectures contracted through a PSA/Honorarium. Filling out this form to approve payment completes the PSA process. This form must be received by the Student Activity Fee Financial Assistant (SC 227) within five (5) days of the completion of the PSA/Honorarium service in order to complete the PSA process.

(A) Student Organization Information:

Name: _____

Fund: X81001 (Fundraising) X81000 (SGA Funds)

Organization Number: _____

(B) Payee Information:

Payee Name: _____

Amount to Pay: \$ _____

Artist fee: \$ _____ Reimbursement: \$ _____

Final invoice for performer/DJ/lecturer? Yes No

(C) Mailing Instructions:

All payments will be mailed unless other instructions are indicated.

Other Instructions: _____

Mail check to: _____

(D) Required Signature

I certify that the requirements of the PSA/Honorarium were met.

_____ Date _____
Treasurer or President

_____ Date _____
Verification by SAF Financial Assistant

_____ Date _____
Student Activity Fee Financial Manager

Office Use Only:

DBA: _____

PSA/Honorarium #: _____

State Employee: ____ Yes ____ No

1099 Reportable: ____ Yes ____ No