

# UMBC

## Payment Request

Date \_\_\_\_\_

\_\_\_ Check here for potential Non-Resident Alien Payment. Please complete the Foreign National [Independent Contractor Payment Form](#).

**Payment Type:** (Please Check the Appropriate Box)

- \_\_\_ Honarium (requires original, signed letter of acceptance)
- \_\_\_ Stipend (requires documentation of stipend amount)
- \_\_\_ Refund of Revenue (requires proof of deposit of collected revenue)
- \_\_\_ Intellectual Property Rights Payment
- \_\_\_ Memberships (where p-card is not accepted)
- \_\_\_ Registrations (where p-card is not accepted)
- \_\_\_ Student cultural events (where p-card is not accepted)
- \_\_\_ R\*STARS payments (other State agencies)

RESERVED FOR A/P USE
PS Vendor ID
Handling Code:
T-CODE

**Pay to: Tax ID #:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Description/Explanation:** \_\_\_\_\_  
 \_\_\_\_\_

**Total Remittance Amount: \$** \_\_\_\_\_

Amount	Fund	Dept	P-Fin	Account	Project	Activity	R-Type

R\*Stars Information Required: Agency No.: \_\_\_\_\_ PCA: \_\_\_\_\_ Object: \_\_\_\_\_ T Code: \_\_\_\_\_

**Certification for Honorariums:** The services of the payee were necessary and could not be met by salaried personnel. The payee is not employed by any agency of the State of Maryland, the University System of Maryland, or any county Board of Education. The fee is appropriate considering the qualifications of the payee and the nature of the services provided. An effective selection process was employed to secure the most qualified person available, given the nature and extent of the services provided.

**Approvals: Signature, Phone Number and Date Signed**

	Preparer	Dept. Approval	Procurement Approval <small>(required only for purposes other than noted Payment Type)</small>
Signature			
Phone No.			
Date			