



Texas Christian University Honarium (Payment for Services) Request

This document must be completed prior to issuing payment. Submit completed form to Accounts Payable, Sadler Hall #2011, TCU Box 297011.

Mail Check: ☒ Pick Up Check ☐

Name Kendall Roy

Tax ID # or SSN # _____ International: ☐ Yes ☒ No

Permanent Address 123 Waystar Dr

Amount 772.000

Account	Fund	Dept	Project

Approver's Name: _____

Approver's Signature: _____

1. Attach a copy of written agreement or explain the nature and DATE OF SERVICES performed.

	YES	NO
2. Is this individual presently in the employ of Texas Christian University or Brite Divinity School? 2H YUbgk Yf'hc'ei Yghjcb'&'jg'mYg'Znci 'Xc'bchibYYX'hc'Wta d'YH'H YfYa UjbXYf'cZH Jg'Zfa "	<input type="checkbox"/>	<input type="checkbox"/>
3. Must this individual comply with instructions about when and how services are performed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is this individual trained by the University to perform the service?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the service similar to services generally performed by other University employees?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this individual assigned a University employee to assist him or her?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does this individual perform the same service for the University on a frequent basis?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the University supply the tools, materials and supplies necessary to complete the assignment?	<input type="checkbox"/>	<input type="checkbox"/>
9. May this individual determine his or her own working hours?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does this individual market his or her services to the general public?	<input type="checkbox"/>	<input type="checkbox"/>

After a review of the answers presented above, it may be necessary to classify the individual as an employee and issue the payment on a payroll check with applicable taxes withheld.



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Mail Check: ☒ Pick Up Check ☐

Name Walter White

Tax ID # or SSN # _____ International: ☐ Yes ☒ No

Permanent Address 3708 Negra Arroyo Lane

Amount 382.250

Account	Fund	Dept	Project

Approver's Name: _____

Approver's Signature: _____

1. Attach a copy of written agreement or explain the nature and DATE OF SERVICES performed.

	YES	NO
2. Is this individual presently in the employ of Texas Christian University or Brite Divinity School?	<input type="checkbox"/>	<input type="checkbox"/>
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7. Does this individual perform the same service for the University on a frequent basis?	<input type="checkbox"/>	<input type="checkbox"/>
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