The City University of New York
HOSTOS COMMUNITY COLLEGE
HONORARIA/INDEPENDENT CONTRACTOR SERVICE CLAIM

I.   PAY TO (PLEASE PRINT):

PAYEE FIRST NAME	PAYEE LAST NAME
HOME ADDRESS	ADDRESS
CITY, STATE, ZIP	TELEPHONE NUMBER ( ) -
PAYEE SOCIAL SECURITY NUMBER - -	FAX NUMBER ( ) -
DEPARTMENT NAME TO BE CHARGED	DEPARTMENT NUMBER TO BE CHARGED

II.   DESCRIPTION OF SERVICES

III.   DATES OF SERVICES

FROM	TO
FROM	TO

IV.   PAYMENT REIMBURSEMENT AMOUNT

1   SERVICES: COMPLETE A OR B

      A.   Contract Fee   S_____

      B.   Rate per hour/day $_____ X hours/days _____   S_____

2.   TRAVEL EXPENSES (NON-EMPLOYEE ONLY - REFER TO CURRENT TRAVEL GUIDELINES)

      A.   Transportation (S____ mile x _____ miles)   S_____

      B.   Lodging (Amount/Day _____ x _____ days)   S_____

      C.   Meals (non-employee per diem only)   S_____

      D.   Other (attach explanation/justification)   S_____

V.   PAYEE CERTIFICATION

I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I have not been on The City of New York's payroll during the last two years.

SIGNATURE	DATE

VI.   DEPARTMENT AUTHORIZATION

I certify that the above services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

AUTHORIZED SIGNATURE	DATE