

## **PAYROLL INFORMATION FOR GUEST ARTIST**

### **Performing Arts**

This form **MUST** be completed for all guest artist Payments. The following fields with \* indicate **required** information from the guest. Any field left blank may cause delay of payment.

Note this form may not be used for current students or UI employees.

**Last Name\***

**First Name\***

**Date** (mm/dd/yyyy)




Are you a US Citizen?

Email

Yes

No

\* If **NO**, what Visa type will you be traveling on? If you have a Green Card, please enter dates:

If you are **NOT** a US citizen, you are required to bring your immigration documents to the Performing Arts Business Office before payment can be processed. Address and contact information are provided at the bottom of this form.

**Address\***

**City**

**State**

**Zip**

**Date of Birth** (mm/dd/yyyy)





#### **The following information is required from faculty sponsor regarding services provided:**

**Faculty Sponsor Name**

**Department** (Dance, Music or Theatre)

**Funding Source and/or MFK**




**Start Date** (mm/dd/yyyy)

**End Date** (mm/dd/yyyy)

**Total Fee** (\$)

*Fee to be paid approximately  
2-4 weeks after services  
provided.*




**Description  
of Services:**

*Your signature below indicates that you agree to allow broadcast and distribution of your performance on the UITV non-commercial public access television channel, on Iowa Public Radio, or via live stream at the discretion of the University of Iowa. Exceptions or exclusions to this must be noted at signing. In addition, for guests of the School of Music, signing below indicates you agree to release the recording of your performance for duplication by the School of Music Recording Studio. If restrictions are to apply, please notify the recording studio within 48 hours of the performance.*

**Guest Signature**

**Date** (mm/dd/yyyy)

\_\_\_\_\_

\_\_\_\_\_

**Faculty Sponsor Signature**

**Date** (mm/dd/yyyy)

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