Budget Information

Honorarium and related costs anticipated for a Visiting Artist must be itemized and approved by the Visiting Artist Committee. No expenses will be pre-paid. After the Guest Artist Contract and W9 have been submitted and the visit is finished, a check will be mailed to the artist’s home address. The visiting artist will have to book and pay for their airfare, hotel and related expenses up front.

Up to $100 is provided for a meal for each visiting artist and faculty sponsor. Food costs beyond $100 will either have to be approved in the budget, or absorbed by the artist/ faculty sponsor. No restaurant expenses can be charged to a University Pro Card. Alcohol will not be paid for with University funds, and tipping on the food bill cannot exceed 20%. Faculty are responsible for obtaining an itemized receipt, paying for the restaurant charges and submitting the itemized receipt to the School of Art financial manager for reimbursement.

Sponsor’s responsibilities

The faculty sponsor conducts all the communication with the visiting artist. The faculty sponsor must make sure that the artist is aware of the total amount of award and the artist’s need to pay out of pocket for travel, hotel, and per diem expenses (this is stated in the letter of invitation as well). Inform the artist that you will be sending them a Guest Speaker Honorarium form and a W9 form to be completed and mailed back.

Visiting Artist Committee Chair: Cathryn.Mallory@mso.umt.edu
Ed Morrissey: Edward.Morrissey@mso.umt.edu
Janis Davis: Janis.Davis@mso.umt.edu
Amber Bushnell: amber.bushnell@umontana.edu

May 1 for fall Visiting Artists/ October 1 for spring Visiting Artists

| SPONSOR schedules a room for the public lecture through Registrar_Rooms@mso.umt.edu Phone David or Niki 243-2414 |
| SPONSOR provides details of the public lecture time, date and location EMAIL: Ed Morrissey, Chair Visiting Artist Committee who will collate the information and forward to Dean’s Office and CVPA newsletter |
| SPONSOR works with graphic designer Amber Bushnell to create the billboard and web graphics using the artist’s images submitted with the proposal, unless updated images have been provided. EMAIL: Draft billboard to Janis, Ed and Visiting Artist Coordinator amber.bushnell@umontana.edu |
| SPONSOR works with Janis and Ed to proof the billboard and web graphics. Amber emails final billboard to Peggy, Sharon and Janis |

Six weeks before the visit

| SPONSOR updates the Media Release EMAIL: Ed Morrissey, Janis Davis and Visiting Artist Coordinator who will email it to University Relations |
| SPONSOR coordinate/update office and visiting artist committee if any details have changed since earlier submissions. EMAIL: Ed Morrissey and Chair of Visiting Artist Committee |
| SPONSOR Insures artist has filled out Guest Speaker Honorarium form and W9 Attached; return completed forms to Janis |
| SPONSOR reminds visiting artist to book airfare and that allocation is firm. SPONSOR reserves hotel Holiday Inn Parkside gives UM discounts |
## Two weeks before the visit

<table>
<thead>
<tr>
<th>Activity</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>SPONSOR double checks availability of lecture room</td>
<td><a href="mailto:Registrar_Rooms@mso.umt.edu">Registrar_Rooms@mso.umt.edu</a></td>
</tr>
<tr>
<td>SPONSOR schedules with IT to have someone meet you at the lecture hall to address technical needs</td>
<td>Scott Christianson x 5322, <a href="mailto:scott.christianson@mso.umt.edu">scott.christianson@mso.umt.edu</a></td>
</tr>
<tr>
<td>SPONSOR schedules presentation technologies to record the lecture. Have the DVD be sent to sponsor through campus mail.</td>
<td>Adam Carroll x 4875 or <a href="mailto:adam.carroll@mso.umt.edu">adam.carroll@mso.umt.edu</a>, DVD disk is provided; MP 4 also available</td>
</tr>
<tr>
<td>SPONSOR AND CHAIR of VA committee finalizes poster with Amber Bushnell who sends poster to Campus Quick Copy.</td>
<td>Campus Quick Copy Customer Service Specialist is: Deanna Schafer x4787, <a href="mailto:Deanna.schafer@mso.umt.edu">Deanna.schafer@mso.umt.edu</a></td>
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</table>

## One week before the visit

<table>
<thead>
<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>SPONSOR picks up posters from Quick Copy, maximum of $25 on Pro Card. Give receipt to Janis Davis</td>
<td>Customer Service Specialist is: Deanna Schafer x4787, <a href="mailto:Deanna.schafer@mso.umt.edu">Deanna.schafer@mso.umt.edu</a></td>
</tr>
<tr>
<td>SPONSOR sends the VA daily schedule to faculty and staff and graduates.</td>
<td>EMAIL or hardcopy</td>
</tr>
<tr>
<td>SPONSOR posts a sign up sheet for graduate/undergraduate critique times.</td>
<td>Post on Visiting Artist Board located in SOA mailroom.</td>
</tr>
<tr>
<td>SPONSOR has TA/work study person hang posters</td>
<td>Direct TA/work study on where to hang posters</td>
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</tbody>
</table>

## During visit

<table>
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<tr>
<th>Activity</th>
<th>Details</th>
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<tr>
<td>SPONSOR introduces or arranges an introduction for the artist at their public lecture; arranges transportation, oversees schedule</td>
<td>During this introduction, be sure to include a thank you to The School of Art and the Jim and Jane Dew Visiting Artist Fund.</td>
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## One week after visit

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<tr>
<th>Activity</th>
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<tr>
<td>SPONSOR deposits one copy of the DVD with the resource center.</td>
<td></td>
</tr>
<tr>
<td>SPONSOR turns in receipts for food to SFA financial manager.</td>
<td>Janis Davis</td>
</tr>
</tbody>
</table>
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: □ Individual/Sole proprietor □ Corporation □ Partnership
□ Limited liability company. Enter the tax classification (E-disregarded entity, C-corporation, P-partnership) □ Exempt payee

Address (number, street, and apt. or suite no.) Requester’s name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

OF

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, or
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

General Instructions

Section references are to the internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,
Guest Speaker/Honorarium Form

Contract & Expense Reimbursement (rev 2/2011)

**Not Valid in excess of $5,000**

Payments made to guest speakers for Honorarium and non employee expense reimbursement

Payee: ________________________________

Banner ID: ________________________________

Address: ________________________________

Phone: __________________ Fax: ________________

Attach W-9 for payee (required)

Date(s) of Service: ________________________________

Location of Service: ________________________________

Service to be provided: ________________________________

UM Dept: __________________ Dept Phone: __________________

**Special rules and paperwork apply to Non US Citizens – Please contact Business Services before issuing this Contract**

Contract Signatures:

By signing below, I certify that I am an independent contractor and not an employee of The University of Montana (UM). It is understood that no benefits shall be provided by UM for unemployment and workers’ compensation insurance. All fees payments/non receipted reimbursed expenses will be reported to the IRS as income to recipient if in excess of $600 in a calendar year.

Guest: ________________________________ Date: __________________

Payment Category/Authorization

1. Fee/ Honorarium/ Payment for Services: ____________________________ $___________

2. Transportation: Commercial (Air/Bus/Train/Rental Car) ____________________________ $___________

   Mileage Reimbursement: # of Miles ________ State Rate per mile ___________ $___________ 0.00

   Transportation paid by dept/procard $___________ Not reimbursable

3. Lodging:

   # of nights _____ at $___________ per night $___________ 0.00

   Lodging paid by dept/procard $___________ Not reimbursable

4. Meals:

   Receipted Meals $___________

   # of days at State of MT per diem rates: ________ or

   # of Breakfast(s) ________ Lunch(s) ________ Dinner(s) $___________

   Miscellaneous:

   (Provide explanation/attach receipt if over $25) $___________

Total to be paid not to exceed $5,000 $___________ 0.00

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<th>Dept Index</th>
<th>Acct Code</th>
<th>Activity Code</th>
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Total $___________ 0.00

The undersigned hereby acknowledges completion of services and authorizes payment according to the above specified amounts.

______________________________________________ ____________________________ ____________________
(UM Dept Authorized Signature) (Date) (Phone)