SAM HOUSTON STATE UNIVERSITY AUTHORIZATION OF PROFESSIONAL/CONSULTING SERVICES

Approval is requested to compensate the individual named below for the services described

NAME:		
PERMANENT ADDRESS:		
NATURE OF SERVICES: Guest Lecturer Continuing Education DESCRIPTION OF SERVICES:		State Zip Other Professional Activities
QUALIFICATIONS:		
EMPLOYMENT STATUS: Non-State Employee Federal Employee	_	
Other State of Texas Institution or Agency Employee Identify:	Title: Dept.	
Approved: President/Agency Head Date	Disposition of Duties:	
NEPOTISM STATEMENT: Name, relationship, title, and department of any University	ersity employee or regent who is related to the al	bove individual.
Account Title(s):		
Transportation: Other (Specify): Estimated Total:	Requesting Dept.: Form Prepared By:	
APPROVALS:		
Chairperson/Directors Date	Vice President	Date
Dean Date	for President	Date
GRANT OR CONTRACT CERTIFICATION: The services provided by this con selection process based on expertise and ability has been employed and this consult nature and extent of the services required, (4) proper documentation is on file to sup named in the approved grant/contract, or approved in writing by the granting agency. Federally Funded? Yes No Prince Pri	tant is the most qualified individual available, (3	
NOVEMBLONE TRAVEL BEINDLINGENENT CTATEMENT OF INTENT		
NON-EMPLOYEE TRAVEL REIMBURSEMENT STATEMENT OF INTENT: to: not provide an accounting for expenses. All amounts will be reported as non-provide an accounting for all expenses, and include required original receipts. non-employee compensation on IRS form 1099.	employee compensation on IRS form 1099.	
COMPLETE THIS SECTION AFTER SERVICES ARE PERFORMED:		
I have performed the above services for the	Department of Sam Houston State University during	
the period to		
	Signature	Date