

**Hall Center Financial Request Form**

Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Sponsoring Hall Center Seminar group(s):**

	\$ Amount committed	Authorized by
American Seminar	_____	_____
Before 1500 Seminar	_____	_____
British Seminar	_____	_____
Early Modern Seminar	_____	_____
Faculty Colloquium	_____	_____
Gender Seminar	_____	_____
Globalization(s) Seminar	_____	_____
Health & Humanities Seminar	_____	_____
Latin American Seminar	_____	_____
Nature & Culture Seminar	_____	_____
Peace, War & Global Change	_____	_____
Performance & Culture	_____	_____
Philosophy & Literature	_____	_____
Other	_____	_____

**Complete this section if other units are providing funding. If not, proceed to the next section.**

Unit providing funding: \_\_\_\_\_

Amount committed: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Financial Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Visitor Reimbursement:**

Date of visit: \_\_\_\_\_

Visitor's Name: \_\_\_\_\_ U.S. Citizen: YES NO

If not a U.S. citizen, country of citizenship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ or Federal Tax I.D. #: \_\_\_\_\_

Traveling from where: (Institution & city): \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Has visitor received a contractual services form? YES NO Date turned in to Jay: \_\_\_\_\_

CONTINUED ON BACK

**REQUESTING FUNDS FOR:**

(Check all that apply)

**Hospitality:**

Reception

Dinner/luncheon

- **To be reimbursed, you will need to provide a statement to substantiate the business purpose of the event, and a list of attendees for any meals, food or beverages served (IRS requirement).**
- We must have itemized receipts for reimbursement. **CREDIT CARD SLIPS ARE NOT ACCEPTABLE.**

**Visitor Compensation:**

Honorarium – Amount : \$ \_\_\_\_\_

Expenses – Marked Below

**Lodging:** Reservations will be made by:

Seminar Director

The Visitor

How will this be paid?

Reimburse visitor

Please arrange for the Hall Center to be billed directly  
**(Must have prior authorization by Hall Center)**

Name of establishment if Hall Center makes reservations or pays directly:

\_\_\_\_\_

Dates lodging is needed: \_\_\_\_\_

**Travel Expenses:**

Airfare

Rental Car

Mileage Reimbursement

Parking Fees

Tolls

**NOTE: All direct billing to Hall Center needs prior approval from Jay.**

For further assistance or questions contact Jay (864-7821 or [hchaccounting@ku.edu](mailto:hchaccounting@ku.edu))