

MONTCLAIR

STATE UNIVERSITY

Dept. of Treasury and Finance
Cooperating Teacher Honorarium
Create Miscellaneous Payment Request

Directions: **1) Download** this form as a PDF onto your device` **2) Type** in your information.

3) Click Save As for the document; **4) Make** sure your information in all fields got saved;

5) Email your new complete PDF as an attachment to clinicalinternships@montclair.edu

Remember: This form only needs to be filled out if you: A. have **never received an honorarium payment from MSU before, or B. have a recent name / address change.*

All payments using this form will be made via check to the address provided.

I hereby certify to the best of my knowledge that the Payee is not an employee of MSU and is not a student worker at MSU.

Is the Payee a Non-Resident Alien for tax purposes? Y ____ N ____

Name: _____ Dept: _____

Committee Member

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Phone: _____

Email: _____

Purpose: _____