

**Event Performer/Technical Expert Payment Request**

**Name:** \_\_\_\_\_

**Are you currently a Washington University Employee? Yes / No**

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Event:** \_\_\_\_\_

**Event Dates:** \_\_\_\_\_

**Fee:** \_\_\_\_\_

**Performer Signature:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

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**For Office Use Only:**

**Document Number:** \_\_\_\_\_

**Approval:** \_\_\_\_\_