

## Honorary Recipient Form

<b>Is the Payee a UMB Employee?</b>	Choose one:
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**IMPORTANT:**  
**If the Payee is a UMB Employee, do not use this form.**  
**Contact your HR Rep or your [Payroll Rep](#) for payment instructions.**

Payee Information			
<b>Name</b>			
<b>Address</b>			
<b>Social Security Number</b>		<b>Amount</b>	

<b>Description of Services</b>	
<b>Date of Services</b>	

**I confirm that I am a U.S. Citizen or U.S. Permanent Resident; I have provided the services listed above; and I agree to the amount stated above.**

<b>Recipient's Signature</b>	
<b>Date</b>	

**Attach this Form, the Memo authorizing payment on Department letterhead, and Form W-9 to the NONPO Invoice.**