

## Consulting / Salary / Stipend Request

Supercedes form CDR-030825.1

**Note:** Please complete all fields, when applicable attach a bill / invoice on provider's letterhead, and mail or fax both to IHCenter offices. Because the Project Director's signature is required for processing all disbursement requests, please DO NOT e-mail.

Project Name:	Date:
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<b>MAKE CHECK PAYABLE TO:</b>			
<sup>1</sup> Recipient Name:		<sup>2</sup> SSN or EIN:	
Recipient Address:		Country in which work was performed:	
City:	State:	Zip or Postal Code:	Country:

<sup>1</sup> The name and address of the payee are required. If the payee wishes to have the check sent to a different address, please provide it here:

Alternate Address: \_\_\_\_\_

Alternate City, State, Zip, Country \_\_\_\_\_

<sup>2</sup> Social Security numbers (SSN) are for individuals or sole proprietors. Employee ID numbers (EIN) are for businesses.

Dates Worked	Description of Duties (please provide detail here)
<b>Total Amount Due US \$</b>	

Director's notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Project Director (please print)

\_\_\_\_\_  
Project Director (signature required)

International Humanities Center  
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