

# GUEST SPEAKER PAYMENT REQUEST FORM

## NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF GREAT BASIN COLLEGE

**I. Guest Speaker Information – ALL INFORMATION IS REQUIRED THROUGHOUT THE WHOLE FORM.**

Guest Speaker*	Last	First	MI
Speaking Date(s)	_____		
Vendor Number	_____		
<b>Department must include a flyer, announcement, brochure, offer letter, or acceptance letter.</b>			

**II. ADDRESS/CONTACT INFORMATION**

Physical Address of Individual's Residence

Remittance Address

Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Primary Contact			Web Address		
Phone Number	Fax Number		Email Address		

1. Is this a one-time, nonrecurring speaking engagement? YES    NO

*If NO, do NOT proceed with this form. Contact [controller@gbcnv.edu](mailto:controller@gbcnv.edu) or (775) 753-2181 with complete information for further instructions.*

2. Is the recommended guest speaker a current or former (during the past twelve months) employee of NSHE (which includes College of Southern Nevada, Desert Research Institute, Great Basin College, Nevada State College, Truckee Meadows Community College, UNLV, UNR, Western Nevada College, or any NSHE System Administration Offices) or the State of Nevada?

*If YES, do NOT proceed with this form. Process the payment on an employment document. For current or former state employees, contact Controller's for instructions.*

3. Is the recommended guest speaker related to an NSHE employee?

*If YES, do NOT proceed with this form. Under the Board of Regents Conflict of Interest Policy (BOR Title 4 Chapter 10) payment is not allowed.*

4. Is the recommended guest speaker a U.S. citizen or lawful permanent resident (green card holder)?

*If NO, contact the Nonresident Alien Tax Specialist at [controller@gbcnv.edu](mailto:controller@gbcnv.edu) or 753-2181 for additional documentation requirements and approval of Section III.*

III. Insurance Requirements – **All information is required.**

Any insurance related questions can be forwarded to Pat Anderson at 775-753-2115 or to **BCN Risk Management, (775) 682-6107.**

1. **I UNDERSTAND THAT PAYMENT(S) WILL NOT BE PROCESSED UNLESS THE AFFIDAVIT AND/OR OTHER INSURANCE REQUIREMENTS listed below ARE FULLY MET, if applicable.**

Initial – Guest Speaker	Date	Initial - Department	Date
-------------------------	------	----------------------	------

2. Workers' Compensation and Employer's Liability Insurance

(a) Workers' Compensation Insurance is not required if the Guest Speaker is:

- To receive only travel reimbursements, and/or travel expenses are to be paid to vendor(s) directly on behalf of the contractor using a PCard or request for payment, i.e., no fee or honorarium is to be paid to the contractor. *Corresponding receipts must be attached.*
- A faculty member of another U.S. institution and covered under his/her home institution's workers' compensation policy.
- An individual and **NOT** a sole proprietor. *NRS 616A.310 defines a "SOLE PROPRIETOR" as a self-employed owner of an unincorporated business and includes: working partners and members of working associations.*

*If any of the above applies, then skip to item 3 below.*

(b) Nevada law allows the following to reject workers' compensation coverage **if they do not use employees or subcontractors in the performance of work under the contract.** Indicate the appropriate category below:

- Sole proprietors (NRS 616B.627 and NRS 617.210).
- Unpaid officers of quasi-public, private, or nonprofit corporations (NRS 616B.624 and NRS 617.207).
- Unpaid managers of limited liability companies (NRS 616B.624 and NRS 617.207).
- An officer or manager of a corporation or limited liability company who owns the corporation or company (NRS 616B.624 and NRS 617.207).

If the Contractor has **rejected workers' compensation** coverage under applicable Nevada law, the Contractor **must indicate** the basis for the rejection of coverage **above**; and **complete, sign, and have notarized an Affidavit of Rejection of Coverage.** The Affidavit of Rejection form can be found at: <https://www.gbcnv.edu/controller/>.

3. **High Risk speaking engagements** should be referred to BCN Risk Management, (775) 682-6107, for review. Special Event liability insurance may be required for events including: debates, demonstrations, controversial topics, large crowds (over 500) and high media profile speakers.

**Department must include a flyer, announcement, brochure, offer letter, or acceptance letter**

#### IV. Signatures

The total amount paid to the guest speaker will be subject to IRS 1099 or 1042-S (if nonresident alien) reporting guidelines, except when receipts are submitted for travel expenses or per diem rates are applied for meals.

<p><b><u>CERTIFICATION:</u></b> Based on the above, it is my determination that the contractor meets the guidelines of one-time, nonrecurring guest speaker payments.</p>	<p><b><u>AGREEMENT:</u></b> I have read and agree to the above representations and assert that they are true and correct. <b>Workers' Compensation:</b> I acknowledge that Great Basin College will not be considered to be my employer and is not liable as a principal contractor to me for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of these services.</p> <p><b><u>THIS CONTRACT IS NOT FULLY EXECUTED UNTIL SECTION II AND SECTION III ARE COMPLETED.</u></b></p>
<hr/>	<hr/>
Authorized Hiring and Account Signature _____ Date _____	Speaker's Signature _____ Date _____
<hr/>	<hr/>
Printed Name of Authorized Signer _____	Mailing Address _____
<hr/>	<hr/>
Department _____ Mail Stop _____	City _____ State _____ Zip _____
<hr/>	<hr/>
Department Contact Name and E-mail Address _____	E-mail Address _____
<hr/>	<hr/>
Telephone No. _____ Fax No. _____	Telephone No. _____ Fax No. _____

Please direct any questions to [controller@gbcnv.edu](mailto:controller@gbcnv.edu)