

The
TENNESSEE 4-H FOUNDATION
est. 1953

Special Payments Form

In order to comply with state and federal regulations this form must be completed prior to delivering or mailing payment to an independent provider or business for services rendered or for an awardee when payment amount is more than \$300. A honorarium is not an exception. A copy of an independent provider driver's licence is also required.

Payee Information (check one):

Independent Provider Company 4-H Member - Award Recipient

Name: _____

Address: _____

SSN / Federal ID#: _____

Residency Information For Independent Provider (Check One):

US Citizen Resident Alien Non-resident Alien

Visa Information (Non-US Citizen):

Visa Type: _____

Visa Expiration Date: _____

County of Citizenship: _____

Payment Information (Describe services performed or award: Please include date, number of hours, event, etc.):



Submit:

- **Payment Request**
- **Special Payment Form**
- **Copy of Driver's Licence**
(Independent Providers)

to:

Tennessee 4-H Foundation
2621 Morgan Circle
205 Morgan Hall
Knoxville, TN 37996-4510

or

4hfoundation@utk.edu

Note: Use UT's secure file transfer system to send this form via email as it contains personal information.

The UT Vault:

<https://vault.utk.edu>

or

Fax (865) 974-1628

Questions?
(865) 974-7434

Submitted By: _____ Date: _____

Revised 8-16-2016