



Arkansas Folk and Traditional Arts University of Arkansas Libraries

PAYMENT QUESTIONNAIRE

This form provides AFTA with important information to begin the process of issuing payment. This form does not constitute the final payment paperwork. Additional information about paperwork required will be shared with you once AFTA has had time to review this information. If you have any questions, contact AFTA at arfolk@uark.edu.

Name (please print): _____

Legal Address:

Email Address(es):

Phone Number(s):

Have you worked as an employee with the University of Arkansas in the past?

Yes

No

If yes, please provide dates, your title(s) and employee classification:

Have you worked as an employee with the University of Arkansas within the past year?

Yes

No

Have you ever taught at the University of Arkansas in any capacity?

Yes

No

Signed _____

Date _____