

Honoraria Invoice

FY 2010 TRIO Training Program

Email, Fax or Mail to: CDS² TRIO Training Payments **Fax:** **(202) 296-2539**
Attn: Eric Hajducsek **Phone:** (202) 296-2528
ehajducsek@cds2.com
1900 L Street NW, Suite 505
Washington, DC 20036

Please print legibly:

Name: _____

Your Address:

City State Zip Code

Your Phone:

Your Panel # -- and # of applications

(\$100 per cleared application)

**Anticipated
Amount Due:** \$

Signature 1 of 2:

Date:

SUBSTITUTE W-9

Instructions for this form can be found at www.irs.gov

SSN:
(or)TIN:

Under penalties of perjury I certify:

1. The Tax ID (SSN) number is correct
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a citizen or resident U.S., or a partnership, corporation, or association organized in the U.S.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature 2 of 2:

Date:

Please complete this form and return by Fax or U.S. Mail