



Honorarium Request

Contact Information:
Fund No.:
Contact Person:
Phone No:

Account	Fund	Department	Project
660816	-	-	for grants only

Check Distribution/ Special Handling
Mail to payee's address
Hold/Call for Pick-up
Other:

MAKE CHECK PAYABLE TO:	
Name:	
Street Address:	
City:	State:
	ZIP Code:
Is payee a legal resident of the United States?	
Yes	Complete W-9 Form, and submit with first payment request. After that, W-9 will be on file and should not be resubmitted.
NO	Immigration Status: F-1 J-1 Other Passport No:
If payee is not a legal U.S. resident, this payment is subject to 37% withholding.	

PAYMENT DETAILS

AMOUNT REQUESTED	Start Date	End Date	Total Hours

SERVICE PERFORMED FOR (Names of Program Staff, Class, or Seminar Group, etc.)

DESCRIPTION OF SERVICE: (Attach a brochure, flyer, or advertisement if applicable.)

REGULAR EMPLOYMENT OF PAYEE:

Please note: If special knowledge or skills were required to perform the service, a curriculum vitae, resume, or special credentials must be attached as backup. Otherwise a bio, or a brochure, flyer, or advertisement relating to the event may be used.

Print or Type Name

Authorized Signature

Date

ACCOUNTING USE ONLY

Vendor:	Acct:	Enc Number:	
Inv. No:	Inv Date:	Inv Amount:	
P/F for Enc:	Reportable Amt:	Dup Inv:	
Spec Msg:			
Date Received By UCorp	Approved for Allowability	Date Received by A/P	A/P Processing