



HONORARIUM PAYMENT

This form is to authorize the payment for one-time events only. Regular monthly services should be approved via the Non-Teaching Monthly Authorization Form.

PART I – To be filled out by employee

Social Security #: _____

Check Distribution:

Name: _____

Campus (specify) _____

Home _____

Street: _____

City, State, Zip: _____

Phone: _____

Listed ___ Unlisted ___

Gender: M / F Date of Birth: _____

Ethnicity: White___ Black___ Hispanic___
 American Indian/Alaskan Native___ Asian American/Pacific Islander___

Yes / No I am a State employee participating in the State Pension Program (ERS)

PART II – To be filled out by the supervisor

Dates of Event: _____

Total # of Hours: _____

Hourly Rate: _____ Gross Amount Due: _____

Fund: _____ Org: _____ Prog: _____ Acct: 6 1 2 0 4 6

Course Name and Number: _____

Time (Start – Finish): _____

Department and Campus: _____

PART III - Approvals

Certification that above services have been provided:

Lecturer: _____ Date: _____

Director/Chair/Dean: _____ Date: _____

Business Office: _____ Date: _____