



# HONORARIUM PAYMENT

MPA40

**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 or Banner ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

Gender: M F

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Listed \_\_\_ Unlisted \_\_\_

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)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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:

Director/Chair/Dean: \_\_\_\_\_

Date: \_\_\_\_\_

Business Office: \_\_\_\_\_

Date: \_\_\_\_\_