

DETERMINATION OF HONORARIUM STATUS

Payee Name:

Permanent Address:

Phone Number:

Social Security Number:

Describe the service performed for the University:

Date Performed:

Is the individual receiving the honorarium an employee to the University?

Yes

No

Has the individual receiving the honorarium been offered and agreed to accept a payment of fee contingent upon performance:

Yes

No

Is the individual receiving the honorarium a U.S. Citizen?

Yes

No

Department Head Signature:

Department Head Name (Print):

Approved Procurement Services:

Date: