

## HONORARIA INFORMATION

### PART I: Recipient's Information

Please submit the information below with a check request and required supporting documentation.

<b>Recipient:</b>	
<b>US Citizen or Permanent Resident?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Permanent Address:</b>	<b>Alternate Mailing Address (if available):</b>
<b>Phone Number:</b>	

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### PART II: Honoraria Information

- Description of Service(s) Performed:**
- Date(s) of Service(s) Performed:**
- Total Amount to be Paid:**
- Foundation Account:**
- Is there an invoice from the honoraria recipient?**
  - Yes (Please submit copy of invoice with check request)
  - No (Provide reason below)
- Is there a contract for the honoraria?**
  - Yes (Please submit copy of contract with check request)
  - No

Requester's Name \_\_\_\_\_

Department \_\_\_\_\_