

**SUNY – FREDONIA  
HONORARIUM REQUEST FORM**

**PART I (Sponsoring Department)**

<b>Payee Name:</b> _____				
	First	MI	Last	Social Security Number
<b>Home Telephone:</b> _____				
<b>Home Address:</b> _____				
	Street			Apt. #/Box #
	_____	_____	_____	_____
	City	State		Zip Code
<b>Reason for Honorarium:</b> (Speech, Performance, etc.)				
Date(s) Services Performed				
From: _____ To: _____				
Payee's Current Employer: _____				
Business Address: _____				
_____				
<b>Requested By:</b>				
Name: _____			Department: _____	
Title: _____			Account Number: _____	

**PART II (Payee)**

<b>Breakdown of Expenses: Attach receipts</b>	
<i>Important: If stipend is greater than \$2,500 per day or payee requires payment <b>on the day of the presentation</b>, contact the Accounting Office at ext. 3467 <b>four weeks in advance</b> of the presentation/payment date.</i>	
Housing: _____	Meals: _____
Travel: _____	Stipend: _____
	Total: _____
<b>Payee Certification</b>	
I certify that the above bill is just, true, and correct; that no part has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.	
Payee's Signature _____	Date _____

**PART III (Human Resources)**

<b>Human Resources</b>	
I certify that recipient was <u>not</u> on a State Payroll at the time of this service.	
Authorized Signature _____	Date _____

**PART IV (Accounting)**

<b>Accounting Office Use Only</b>	
Account #: _____	Object: _____ Commodity: _____
Reviewed by: _____	MIR Date: _____
Interest Eligible: _____	1099: _____ Liability Date: _____

**See Reverse Side for Instructions and Information on Honorarium**