



REQUEST TO AUTHORIZE HONORARIUM
FOR RESOURCE CONTRIBUTORS
TO EDUCATION PROGRAMS

NOTE: Do not use this form to pay an employee of UNC Pembroke or any other state agency or students. This data is necessary in order to comply with the IRS ruling for the preparation of a Form 1099. Additionally, in order to process payment for a honorarium; a signed W-9 (Request for Taxpayer Identification Number and Certification) is required.

An honorarium is a payment to an outside person who elects to contribute their expertise to the enrichment of curricular and co-curricular education programs. If a contract for services has been established, a Standard Agreement for Independent Contractor form should be completed. If travel is being reimbursed or other expenses paid, a travel reimbursement or check request should be completed with appropriate receipts attached.

PURPOSE: This form authorizes payment of an honorarium from university funds. The completed form is a verification by authorized persons that a person or group who is to be paid provides a valuable contribution to the learning programs or campus environment of UNC Pembroke. It is expected that most educational resource/consultants or entertainers will be available to the responsible faculty member or program director for no more than five (5) days.

PAYEE: _____ SOCIAL SECURITY #: _____

HOME ADDRESS: _____

TELEPHONE #: (Home) _____ (Cell) _____

REASON FOR HONORARIUM: _____

DATE OF SERVICE: _____ REQUESTED PAYMENT AMT: _____

FUND #: _____ ACCOUNT #: _____

CHECKLIST:

Have they received a check for the same thing within the last year? _____

Is there a continuing relationship with the University or will they be coming back (like bimonthly) to do the same sort of service again? _____

Have they been promised payment or received anything stating there would be payment for the service? _____

**If the answer to any one is yes, a Personal Services Contract must be completed.*

APPROVAL SECTION:

SPONSORING DEPARTMENT: _____

PERSON SUBMITTING REQUEST: _____

Printed Name

Signature

Date

VICE CHANCELLOR/FUND MANAGER: _____

Printed Name

Signature

Date

RETURN CHECK TO: _____

***ALLOW 10 DAYS FOR PAYMENT**