

Honorarium Payment Form

Honorarium Payment Form

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Date: [Date]

To be completed by the department initiating the payment:

Recipient Information:

- Name: _____
- Address: _____
- City/State/Zip: _____
- SSN/TIN: _____
- Email: _____
- Phone Number: _____

Event/Project Information:

- Title of Event/Project: _____
- Date of Event/Project: _____
- Description of Services Performed:

Payment Information:

- Amount of Honorarium: \$_____
- Payment Method: (Check one)

- Check
- Direct Deposit
- **Special Instructions:**

Authorization:

- **Requested by:** _____
- **Position:** _____
- **Department:** _____
- **Signature:** _____
- **Date:** _____

Approval:

- **Approved by:** _____
- **Position:** _____
- **Signature:** _____
- **Date:** _____

For Payroll/Accounting Use Only:

- **Processed by:** _____
- **Date Processed:** _____
- **Payment Date:** _____
- **Check/Direct Deposit Number:** _____

Comments/Additional Information:

Instructions for Completion: Please ensure all sections are completed fully and accurately to avoid any delays in the payment process. Once completed, please submit this form to the Payroll or Accounting Department for processing. If you have any questions during the completion of this form, please contact [Contact Person's Name and Information].

Please attach any additional documentation necessary to support the honorarium payment.

[Company/Organization Name]

[Contact Information]