

This form is to be completed when requesting payment for an honorarium. University and Auxiliary employees cannot be given an honorarium.

Before completing this form, please review the five (5) questions below. If any questions can be answered, "Yes," the payment does not qualify as an honorarium and must be processed as a Purchase Order (PO.)

REQUESTER INFORMATION

Requester/Preparer: _____

Approving Official's Email: _____ Phone/Ext: _____

Department/Division: _____

HONORARIUM RECIPIENT/PAYEE _____

Please answer the following questions:

- | | | |
|---|-----|----|
| 1. Is the recipient/payee a business, corporation, or partnership? | Yes | No |
| 2. Was the dollar amount negotiated? | Yes | No |
| 3. Did the recipient/payee set the price they are to be paid? | Yes | No |
| 4. Is there a contractual agreement with the recipient/payee? | Yes | No |
| 5. Has the recipient/payee performed services repeatedly over a period of a year? | Yes | No |

Recipient/Payee's Name: _____

Honorarium Justification: _____

Honorarium Amount: \$ _____ Account #: _____ Account Name: _____

Required Supporting Documentation:

Honorarium Letter/Correspondents

Vendor Data Record (VDR) form

Class List/Attendee List

Event Details/Advertisement (if applicable)

Workers Comp Waiver Form (if recipient/payee will be on campus)

DELEGATION OF AUTHORITY APPROVAL _____

The honorarium listed above meets the educational mission, policies/guidelines of CSFPF and CSUF, and comply with the CSFPF Account Agreement. By signing below, I certify that this honorarium serves a clear business-related purpose and has no personal benefit derived by the requester.

Department Head _____
Print Name _____ Title _____

Signature _____ Date _____

Please attach this form and the supporting documentation to a completed Check Request form, and submit to CSFPF at CSFPFAP@fullerton.edu