

*This form is to be completed when requesting payment for an honorarium. University and Auxiliary employees cannot be given an honorarium. **The Foundation must approve this form before the event/service.***

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 Foundation@fullerton.edu