Request for Honorarium Payment

Complete this form for honorarium and/or honorarium-related travel expenses totaling less than \$5,000.

| 1. | Na | Name: | | | | |
|---|--|---|--------------------------------------|-------------------------------------|---------|--|
| 2. | Home Address: | | | | | |
| 3. | Bu | sines | ss Address: | | <u></u> | |
| 4. | Но | me I | Phone #: | | <u></u> | |
| 5. | If r | non-l | U.S. citizen, indicate type of visa: | | | |
| 6. | Name and address of current employer: | | | | | |
| | | | | | | |
| 7. | | | | | | |
| 8. Date(s) of honorarium event: | | | | | | |
| 9. | Payment: | | | | | |
| | | | | Honorarium Amount | \$ | |
| | | | | Travel Expenses (receipts required) | \$ | |
| | | | | Total payment | \$ | |
| 10. | . Department Head certifies that, to the best of his or her knowledge: | | | | | |
| | a. | a. No actual or apparent conflict of interest exists in regard to this honorarium; | | | | |
| | b. | If payment is to be made from restricted trust funds provided by the U.S. government or the Stat of Illinois: | | | | |
| 1) Either the individual is not currently paid 100% (as defined by from funds provided by the U.S. government or State of Illin individual the honorarium has been obtained from the federal (attach copy of approval). | | | | nois, or approval to pay the | | |
| | | 2) The honorarium amount does not exceed the maximum allowable rate paid to a GS-18 (as appropriate – daily, weekly, monthly, annually) or advance written approval has been obtained from the sponsor (attach copy of approval). | | | | |
| c. If payment is to be made from restricted trust funds provided by the U.S. available listing of persons barred from contracting with the federal gover checked and this individual's name does not appear on that list. | | | | | | |
| Un | iver | sity | of Illinois approvals: | | | |
| Spor | nsorir | 1g faci | ulty/staff member | Department Head | Date | |