

# University of North Carolina School of the Arts

## REQUEST FOR HONORARIUM PAYMENT

*Complete this form for honorarium and/or honorarium-related travel expenses*

### 1. HONORARIUM RECIPIENT:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Honoree's Institution or Organization \_\_\_\_\_

Contact Information: Telephone # \_\_\_\_\_ Email \_\_\_\_\_

### 2. BRIEF DESCRIPTION AND LOCATION OF HONORARIUM EVENT or PURPOSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. DATE(S) OF HONORARIUM EVENT: \_\_\_\_\_

**4. PAYMENT:** Check \_\_\_\_ Gift \_\_\_\_ Gift Card \_\_\_\_  
(Gift or gift card purchases cannot be made from state funds.)

Honorarium Amount (Maximum \$1,000 of state funds): \_\_\_\_\_  
(If payment is in the form of a gift or gift card, please attach receipts.)

Travel Expenses (Receipts Required): \_\_\_\_\_

**TOTAL PAYMENT:** \_\_\_\_\_

**5. APPROVAL** (Once the form is completed and signed, forward to the Accounts Payable for processing attached to direct pay request)

Sponsoring faculty/staff member: \_\_\_\_\_

Approval of Supervisor/Dean: \_\_\_\_\_

Date Sent for Payment: \_\_\_\_\_