

HONORARIUM REQUEST FORM

STATE UNIVERSITY OF NEW YORK, COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY

Send To :
Purchasing Department
100 Bray Hall

REQUESTED BY:
TITLE:
ADDRESS:
DEPARTMENT:
PHONE NUMBER:
ACCOUNT NUMBER:

PAYEE: First, Middle, Last
HOME ADDRESS: (street)
City, State, Zip)

Explanation for Honorarium:
(Attach details, Speaker, etc.)

Date(s) of Service Performed: From: To:

AMOUNT: \$

Breakdown of Expenses (attach receipts):
Honorarium (service):
Housing:
Meals:
Travel:
Stipend:
TOTAL:

Payee's Current Employer:
Business Address:

Certification (Print Name below and Signature of person authorized to use this account)
I, _____, hereby certify that recipient was NOT on ESF's Payroll at the time of this service.

Signature of Person Authorized to Use This Account Date

Payee Certification - I certify that the above bill is just, true, and correct; that no part has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Payees' Signature & Date

Instructions for Honorarium Request Form

DO NOT USE THIS FORM IF PAYEE WAS ON STATE OR RESEARCH FOUNDATION PAYROLL DURING SERVICE DATES

DO NOT USE THIS FORM TO EMPLOY STUDENTS

1. The Honorarium Request Form (HRF) must be completed, printed and SIGNED by the person authorized to use the account and distribute as follows:
 - a. Original should be sent to Purchasing, 100 Bray Hall
 - b. A copy should be retained by the office making the request.
2. Payee must SIGN and DATE the request in the lower right corner box labeled 'Payee Certification'.
3. All persons serving more than five days, regardless of organizational connection or amount, must be appointed through normal Personnel procedures and be placed on the payroll.
4. A substitute W-9 should be submitted to Purchasing one time only.
5. The recipient of the honorarium should receive a check in approximately three weeks, if sufficient funds are in the account and the required information submitted is correct.