



PRACTICE DIRECTIVE P301A
HONORARIUM PAYMENT REQUEST
10/2000 Rev. 04/2017

INSTRUCTIONS

Complete Section I and II and forward to Human Resources (ADM 252) for approval upon completion of the event. You may include additional documentation, if necessary.

SECTION I:

College: Contact Name & Ext:

Department/Project:

Date, Time and Location of Event:

Describe event and purpose for the Honorarium :

Print Presenter/Participant/Recipient Name:

Amount \$

For individuals who are NOT SFSU employees, provide CFS chart field information: Submit completed form to Accounts Payable. (Include a Vendor Data Record form or check cannot be issued.)

Account Fund Depart ID Program Class

For individuals who are SFSU employees, provide appropriate position information:

Agency Unit Serial #

Account Fund Depart ID Program Class

SECTION II:

I certify that I have completed the services as described in Section I, and I request payment in the amount indicated above as payment in full for services rendered. I am I am not a current University employee.

Signature of Presenter/Participant/Recipient UIN:

PLEASE DO NOT WRITE SOCIAL SECURITY NUMBER.

- Hold check for pick up at the Disbursement Office (Administration 351).
Please mail check to: (must be typed or printed)
Release to department for current monthly employee

Print Name of Presenter/Participant/Recipient

Address

City State/Zip Phone #

I certify that the above services have been satisfactorily completed and funds are available for payment.

Print and Signature of Dean/Director/PI Date

Budget verification for ORSP (if applicable) Date

SECTION III

Approved By

Print & Sign HR Director or Ex Director

Print & Sign AVP ORSP ( if applicable )

Date

Date