



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: _____

Department/Project: _____

Date, Time and Location of Event: _____

Describe event and purpose for the Honorarium : _____

Presenter/Participant/Recipient Name: _____

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 _____ Department _____

Unit _____ Project _____

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

Agency _____ Unit _____ Serial # _____

Amount \$ _____

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: _____

- 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

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.

Signature of Dean/Director/PI _____ Date _____

Budget verification for ORSP (if applicable) _____ Date _____

SECTION III

Approved By

HR Director or Executive Director

AVP ORSP (if applicable)

Date

Date