Created 4/1/2017 Updated 7/27/2018



Honorarium Agreement Form

		NIVERSIT										
Purpose of	f form: Pay	ment of Honorar	ium Agreemen	t. (see <u>Honorar</u>	ium Guidelines	<u>:</u>)						
Honorarium Recipient Information							Honorarium Event Information					
Name - (Enter full name here (Last, First, MI) as shown on your income tax return) Required							Date of Event Date of Agreement					
Phone Fax Email							Event Location					
Token of Appreciation							Residency Status					
and sign this a complete app	agreement. In ac	would like to provide didition, in order to co 3 form (https://www.si)	C U.S. Citizen Resident Alien Non-Resident Alien									
Nature of I	Honorarium											
Accredi	tation Program	Reviewer Ext	ernal Reviewer	Guest Lecture	r/Speaker G	uest Artis	st/Conductor/Director	/Musician	Panelist	☐ Wo	orkshop/Seminar	
Honorariu	m Payment I	nformation	_	_				_	_			
_	-	amount of \$	will be r	naid	☐ Tray	el accom	modations will be arr	anged and r	naid directly by	Ohio I Ini	iversity	
									and an oonly by	01110 0111	volony.	
Reimbursement for expenses not to exceed \$ will be provided. Original receipts are required for reimbursement.												
l 5-44.		General Ledge	Activity	mber Function	Object		Desired	Grants Account		1		
Entity	Source	Organization	Activity	i unction	Object	OR	Project	Task	Award		Object	
Certification	on											
requirements University for	s. Nothing here r any purpose, i	in shall be deemed including, but not li	d or construed to mited to, the pay	create a joint ven	ture, partnership employee benefit	, agency s. Neithe	S and the Ohio Public or employer/employer er this Honorarium, no sity's payment terms	ee relationsl or the contril	hip between the	Recipie	nt and the	
Sign												
Here	Signatur	Signature of Recipient ▶				Title ▶				Date ▶		
Sign Here	Signature of Planning Unit CFAO or Delegate ▶				Title ▶				Dat	te ▶		
	Instructio											
Honorariums committed, o Form or prep to be paid to	s have no contra or otherwise form pare an Exhibit a non-resident al	actual liability. For ming an obligation A (<u>https://www.ohi</u>	to pay is not an ho.edu/sites/defau isa classifications	onorarium. If an I t/files/sites/financ	nonorarium is no ce/purchasing/file	t appropr <u>s/exhibit</u> -	heduled event, there iate for this engagem a.pdf) for a Services e verified with Ohio U	ent, use the Agreement.	Short Form Se U.S. Law only	ervices A	greement honorariums	
An Honorar	Recipient iServices aHonorariurRecipient o	pes not exceed \$15 s not an employee re voluntary and pa n represents a tok does not perform the	or does not have ayment is not req en of appreciation ne service for a liv	e an existing cons uired. n and is not an eq ving.	uivalent value of	profession	-	e the Short F	Form Services <i>i</i>	Agreeme	nt	
Official Use Only	INSTEAD. Official Use Only: Unit Processing Instructions							Return form to:				
 Select Payment Request Form in BobcatBUY. If Supplier/Payee is NOT ACTIVE in BobcatBUY or you need to change Supplier Information, select "Not Available" as the suppli on the Payment Request Form in BobcatBUY and attach: a)W-9 for a US Citizen or Resident Alien or appropriate W-8 for Non-Resident Alien. b)Supplier/Payee Information form. 							Department Contact					
c)Completed Honorarium Agreement with Recipient and Planning Unit CFAO's signature prior to submission. 3. If Supplier/Payee IS ACTIVE in BobcatBUY select the "Supplier/Payee" on the Payment Request Form in BobcatBUY and attach:							Departm	Department Phone				
a)Completed Honorarium Agreement with Recipient's and Planning Unit CFAO's signature prior to submission. 4. Accounts Payable will automatically process payment for this Honorarium Agreement with Payment Request Form submission.							Fax	Fax Email				