

University System of New Hampshire  
Request for Honorarium Payment

08-011F

Complete this form for honorarium payments

Name:

Non-Employee Information

Address

Street:

City, State, Zip:

Phone:

Non-U.S. Citizen Information

Type of Visa:

Is Form 8233 on file with USNH Disbursement Services?

Yes

No

Date Submitted:

Honorarium Information

Dates of honorarium event:

Brief description of event, rationale for honorarium and location of honorarium event:

Honorarium amount:

Vendor code:

FOAPA:

FUND

ORG

ACCT

PROG

ACTIVITY

Dean or Director Certification

No actual or apparent conflict of interest exists in regard to this honorarium.

If payment is to be made from restricted grant funds, campus Office of Sponsored Research has approved.

The recipient is:

A USNH employee (Pay through Payroll)

Not a USNH employee (Pay through Accounts Payable)

Approvals

Sponsoring Faculty/Staff Member:

Date:

Dean, Director or Campus Equivalent:

Date:

Campus Office of Sponsored Research:

Date: