

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:	\$	<input style="width: 95%;" type="text"/>	Vendor Code:	<input style="width: 95%;" type="text"/>
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FOAPAL:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<i>Fund</i>	<i>Orgn</i>	<i>Acct</i>	<i>Prog</i>	<i>Actv</i>	<i>Locn</i>

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: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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Dean, Director or Campus Equivalent: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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Campus Office of Sponsored Research: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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