

**GUEST SPEAKER /HONORARIUM**

**Approval Request Form**

Speaker Name					
Social Security #		Phone			
Home Address:	Street #				
	City				
	State		Zip		

Program/Event/Class of Presentation 

Date of Presentation		Location of Event			
Honorarium Amount					
Travel (Air,Bus,Taxi,Parking)					
Auto Mileage		@ .485 Per Mile			
Lodging					
Meals					
Total Amount Billed					

**Note: To be reimbursed for expenses, original receipts must be attached. A 1099 for payment of services provided will be issued to IRS for tax reporting purposes.**

FACTORS TO BE CONSIDERED FOR HONORARIUM		Yes	No
1	The speaker is hired for specific event	<input type="checkbox"/>	<input type="checkbox"/>
2	The speaker is a current employee	<input type="checkbox"/>	<input type="checkbox"/>
3	The speaker is being hired on continuing, recurring, or long term basis	<input type="checkbox"/>	<input type="checkbox"/>
4	Nonresident Alien speaker is able to provide documentation of legal right to work in the United States	<input type="checkbox"/>	<input type="checkbox"/>

**Accounting String**

Account	Fund	Dept	Prog	Activity	Class	Project			
Submitted By	Dept					Fax			
						Ext		Date	
Department Manager Approval						Ext		Date	
Dean/Director Approval						Ext		Date	

For Account Payable- Qualifies for payment as Honoraria  Yes  No