

HONORARIUM PAYMENT REQUEST

Use this form to request an honorarium payment for an individual.

Request Date: _____

Requestor Name: _____

Payee Name: _____

Payment Address: _____

Payee Is A(n): UC Employee* Individual

* If payee is a UC employee, contact Veronica Padilla (vmp@berkeley.edu) in EALC before the service is performed; we will need to determine if the payee is eligible to receive payments.

If payee is a foreign national, additional forms are required to issue payment. Refer to Disbursements' website for information on paying foreign nationals: <http://disbursements.vcbf.berkeley.edu>. The payee must complete and attach the required forms.

Provide appropriate Payee ID info:

- Employee ID if payee is a UC employee;
- SS# if payee is an Individual with no UC affiliation.

Empl ID/SS#: _____

Date(s) of Talk: _____

Amount of Payment: _____

Purpose: _____

Account Name/Fund Source: _____

Fund Owner Approval Signature: _____ Date: _____