



H# \_\_\_\_\_  
(Assign six-digit number for reference)

**REQUEST FOR PAYMENT OF HONORARIUM  
NOT TO EXCEED \$500.00**

This form is used to pay a guest speaker ONLY. Other services must be processed on a Purchase Order. Individuals/Sole Proprietor's employment status is verified by payroll. If employed at RRCC or any CCCS school within the same calendar year, this form cannot be used.

Dept. \_\_\_\_\_ Contact Name \_\_\_\_\_ Ext. \_\_\_\_\_

Payee Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address Payment to be Mailed to \_\_\_\_\_  
\_\_\_\_\_

Date of Service \_\_\_\_\_ Amount \$ \_\_\_\_\_ ORG Code \_\_\_\_\_

**Detailed** Description of Service Performed (topic, length of presentation, name of class or target audience, etc.)

*\*\*\*Payment cannot be processed without completed \*IC Forms and Invoice. \*\*\**

*\*W9, PERA Retiree Questionnaire, Unauthorized Immigrant Form. Verification of ID is required for individuals. The forms are valid for one year. Must be attached to this document for each payment request.*

**Do you have a Fiscal Delegate Signature Form on file in Business Services? If no, you are not authorized to sign this document.**

**With my signature below**, I certify there are sufficient funds in the org budget to cover this payment request and services have been satisfactorily received.

1<sup>st</sup> Level Approval \_\_\_\_\_  
Printed Signature Date

2<sup>nd</sup> Level Approval \_\_\_\_\_  
Printed Signature Date

**Purchasing Only:**

Banner Vendor Number \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_ W9 \_\_\_\_ PERA \_\_\_\_\_ Unauthorized Immigrant Form HR Review \_\_\_\_ Y \_\_\_\_ N If Y, \_\_\_\_ Waiver or \_\_\_\_ Cert Form  
Payroll Review \_\_\_\_ Y \_\_\_\_ N If Y, \_\_\_\_ Not a CCCS Employee \_\_\_\_ Not a PERA Retiree \_\_\_\_\_ Initials \_\_\_\_\_ Date

**AP Only:**

Account Code \_\_\_\_\_ AP Voucher # \_\_\_\_\_ Tax Type \_\_\_\_\_