

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.

1st Level Approval _____
Printed Signature Date

2nd 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 _____