

# Request for Honorarium Payment

Complete this form for honorarium and/or honorarium-related travel expenses totaling less than \$5,000.

1. Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. If non-U.S. citizen, indicate type of visa: \_\_\_\_\_
6. Name and address of current employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Brief description and location of honorarium event:  
\_\_\_\_\_  
\_\_\_\_\_

8. Date(s) of honorarium event: \_\_\_\_\_

9. Payment:

Honorarium Amount	\$ _____
Travel Expenses (receipts required)	\$ _____
Total payment	\$ _____

10. Department Head certifies that, to the best of his or her knowledge:

- a. No actual or apparent conflict of interest exists in regard to this honorarium;
- b. If payment is to be made from restricted trust funds provided by the U.S. government or the State of Illinois:
  - 1) Either the individual is not currently paid 100% (as defined by the individual's employer) from funds provided by the U.S. government or State of Illinois, or approval to pay the individual the honorarium has been obtained from the federal sponsor or State of Illinois (attach copy of approval).
  - 2) The honorarium amount does not exceed the maximum allowable rate paid to a GS-18 (as appropriate – daily, weekly, monthly, annually) or advance written approval has been obtained from the sponsor (attach copy of approval).
- c. If payment is to be made from restricted trust funds provided by the U.S. government, the available listing of persons barred from contracting with the federal government has been checked and this individual's name does not appear on that list.

University of Illinois approvals:

\_\_\_\_\_  
Sponsoring faculty/staff member

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date