

Submission Checklist:

\_\_\_ Honorarium Request Form

\_\_\_ Order for Check Form

\_\_\_ W-9

\_\_\_ Copy of event flyer/lecture announcement

**HONORARIUM REQUEST FORM**

***Source document to accompany an Order for Check Request***

*If you are using the services of an outside guest /speaker to whom you wish to pay an honorarium, please complete this form and submit along with an Order for Check Form, W-9, and copy of event flyer or lecture announcement.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speaker/ Guest’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speaker/ Guest Invited Via: \_\_\_Phone \_\_\_E-mail \_\_\_Mail \_\_\_In person

Speaker/Guest Invited By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name and Department

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event / Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Presentation/Event: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Presentation/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *necessary forms to your office coordinator who will check for completeness and forward to the A*

**Department Certification and Approval for Payment**

I certify that the above named individual will be engaged as an independent contractor to render services to the University of Hartford. This statement is approval for payment.

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_

 (Print Name) (Signature) (Ext.) (Date)

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Supervisor Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_

 (Print Name) (Signature) (Ext.) (Date)