

Honorarium Payment Request Form

1. Department Name	2. CUNYfirst Budget Charged	3. Date
4. Refer questions to:	5. Telephone Number	

6. Payee Status

☐ Citizen/Resident ☐ Non-resident Alien

If box is unchecked this form will be returned. For Non-Resident Alien payments please provide a copy of passport and visa before any services are performed. Additional Non-Resident Alien forms may be found on our website. Please contact the Office of Accounts Payable for more information.

7. Description (Please include dates and supporting documentation.)

8. Total Amount Authorized

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Payee Information (The CUNYfirst Vendor ID Number must be indicated to process for payment.)

9. Payee Last Name	10. Payee First Name	11. Payee Middle Initial	12. CUNYfirst Vendor ID Number
13. Company Name			14. Mobile Number
15. Address 1			
Address 2			
16. City	17. State	18. Zip	19. Email Address

20. CUNYfirst Chart Fields

Department Number	Program	Fund	Operating Unit	Special Initiative	Fund Source	MP	Account Number
							52701

21. Payee Certification

I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I have not been on the New York State payroll during the last two years.

Authorized Signature _____ Title _____ Date _____

22. Authorization

If the amount is greater than \$200 per day, the President Designee's signature is required. Please submit this form to the Office of Accounts Payable to obtain this signature.

Authorized Signature _____ Title _____ Date _____

President's Designee _____ Title _____ Date _____

Please print, sign, and submit **original** form to the Office of Accounts Payable in **1424 Boylan Hall**. No Handwritten Forms.

For Office Use Only

PO Number BKLPR-	Invoice Number	Invoice Date
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The Honorarium Payment Request form is used to request payment to an outside guest speaker for speaking engagements only. Please note that tax levy funds cannot be used to process honorarium payments to individuals who are currently employed, or have been employed within the past two years, by CUNY, SUNY and/or New York State.

Please print, sign, and submit original form to the Office of Accounts Payable in 1424 Boylan Hall. No Handwritten Forms will be accepted.

1. Enter department name for this reimbursement.
2. Enter the CUNYfirst five-digit department number.
3. Enter today's date.
- 4-5. Enter the contact person's name, and extension for any questions related to this reimbursement.
6. Select the appropriate Payee Status. For Non-Resident Alien payments please provide documents showing immigration status, such as a copy of foreign passport and US Visa. Please contact the Office of Accounts Payable for more information.
7. Enter the payee's name, the event name, their role at the event, and date of the event.
8. Enter the total amount authorized.
- 9-19. Enter payee's first, middle, last name, company name (if applicable), CUNYfirst Vendor ID Number, mailing address, mobile number, and email address.
20. Enter department number, program, fund, operating unit, special initiative, fund source, and MP.
Please use CUNYfirst chart field crosswalk:
<http://www.brooklyn.cuny.edu/bc/offices/avpbandp/finance/cunyfirst/crosswalk.htm>
21. Payee's signature, title and today's date are required.
22. Supervisor's/chairperson's signature, title and today's date are required. The Office of Accounts Payable will obtain the President Designee's signature.