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|  | **Honorarium Payment Form** |  |
| **Legal Name:** | | |
| Mailing Address line 1: | | |
| Mailing Address line 2: | | |
| City, State & Postal Code:  PeopleSoft Supplier ID:  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Description of Payment: *(This should include the date and event information.)*** |
| Department Contact (Name, Email, Phone): |

***Please attach this Honorarium Payment Form using the Payment Request module in PeopleSoft.***

***See Payment Request Instructions for how to complete in PeopleSoft.***