



**REQUEST TO AUTHORIZE HONORARIUM
FOR RESOURCE CONTRIBUTORS
TO EDUCATION PROGRAMS**

NOTE: Do not use this form to pay an employee of UNC Asheville or any other state agency or students. This data is necessary in order to comply with the IRS ruling for the preparation of a Form 1099.

An honorarium is a payment to outside persons who elect to contribute their expertise to the enrichment of curricular and co-curricular education programs. If a contract for services has been established, a Standard Agreement for Independent Contractor form should be completed. If travel is being reimbursed or other expenses paid, a travel reimbursement or check request should be completed with appropriate receipts attached.

Purpose: This form authorizes payment of an honorarium from university funds. The completed form is a verification by authorized persons in Academic or Student Affairs that a person or group who is to be paid provides a valuable contribution to the learning programs or campus environment of UNC Asheville. Chairs and program directors are advised to consult with the appropriate office several months in advance of the scheduled event(s) to determine whether or not a request to pay an honorarium will be approved. It is expected that most educational resource/consultants or entertainers will be available to the responsible faculty member or program director for no more than five (5) days.

Account _____ Amount \$ _____

Payee _____

Home Address _____

Telephone Number (Home) _____ (Work) _____

Social Security Number ____ - ____ - _____

NOTE: If an individual or group has an employer ID other than social security number do not use this form for payment.
 See information above for other forms.

Employer (where applicable) _____

Purpose/Detail of program _____

Date of Service _____ Amount of Expense Reimbursed in Requested Payment _____

Sponsoring UNCA Program/Class _____

APPROVED FOR PAYMENT:

Print Name: Responsible Educator or Director _____

Signature: Responsible Educator or Director _____ Date: _____

Signature: VCAA or AVCAA _____ Date: _____

Return check to _____ Dept _____ Address _____