Phone (907) 474-7031 Fax (907) 474-7046



Honorarium Status Determination Form

(\$1000 or less)

Office of Finance and Accounting PO Box 757920 Fairbanks, Alaska 99775-7920 https://www.uaf.edu/finserv/finance-accounting/

Encumbrance No		
Payee Name		
Permanent Address		
City	State	Zip Code
Phone Number Vendor ID		
Describe the services provided for	or the University:	
Honorari	um Amount	
Dates Perfomed		
Is the individual receiving the honorarium	an employee of the University?	
Yes** No		
**If you have selected Yes on the above question	n this payment will need to be processed thr	rough Human Resources as a bonus
Has the individual receiving the honorarium	ım been offered and agreed to accep	ot payment of fee contingent upon performance?
Yes No		
Is the University paying for any travel relacar) or via a reimbursement of travel cost		to the service provider (e.g. air carrier, hotel, rental
Yes No		
Any verbal or written agreement in which the Univarrangement and must be made in accordance w	versity will be obligated to pay for services o ith University policies and procedures.	r expenses or accommodations is a contractual
Department Head Signature:		<u> </u>
Department Head Name:		
Date:		
OFA USE ONLY		

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