



REQUEST TO AUTHORIZE HONORARIUM FOR RESOURCE CONTRIBUTORS TO EDUCATION PROGRAMS

An honorarium is a monetary gift to outside persons who contribute their expertise to the enrichment of curricular and co-curricular education programs. Please allow 5-7 business days for processing.

Before submitting this honorarium, please ensure you can check off all the items below:

- checkbox The honorarium recipient is an individual, NOT a company or organization
checkbox The honorarium recipient is not a WCU student, WCU employee, or employee of another NC State Agency
checkbox You have attached a W-9 (Request for Taxpayer Identification Number and Certification) signed by the recipient with a name, address, and social security number that matches the information below
checkbox You have listed the recipient's primary employer (not Western Carolina University)
checkbox There is no contract for services associated with this payment (this would require completing an Independent Contractor Checklist instead which is located here and should be submitted to Finance)
checkbox If the recipient is an out of state resident and the payment is more than \$1,500, you have clearly indicated whether the applicable 4% Non-Resident Withholding tax should be withheld from the payment or the payment should be "grossed up" so the after-tax amount they receive is the intended payment (Example: The grossed up amount of \$1,501 would be \$1,563.54 [1,501 / .96])
checkbox All travel reimbursements should be processed through Chrome River. If other expenses are being paid, a 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 that the recipient provides a valuable contribution to the learning programs or campus environment of Western Carolina University. It is expected that the service period for most honorarium recipients will not exceed five (5) days.

Fund: Account: 219250 Amount: \$

Payee:

Home Address:

Telephone Number: (Home) (Work) (Cell)

Last Four Digits of SSN:

Primary Employer:

Purpose/Detail of Program:

Date of Service:

Requester of Payment:

Printed Name Signature Date

Fund Manager

Printed Name Signature Date

Return Check to: Dept: Address: