

**DETERMINATION OF HONORARIUM STATUS**

<b>Payee Name:</b>
<b>Permanent Address:</b>
<b>Social Security Number:</b>
<b>Describe the service performed for the University:</b>
<b>Date Performed:</b>
<b>Is the individual receiving the honorarium an employee to the University?</b>
Yes _____ No _____
<b>Has the individual receiving the honorarium been offered and agreed to accept a payment of fee contingent upon performance:</b>
Yes _____ No _____
<b>Department Head Signature:</b>
<b>Approved by Purchasing:</b>
<b>Date:</b>