



Honorarium Payment Request

Send to Accounts Payable, MS 3C1
Tel: (703) 993-2580
Fax: (703) 993-2589
Email: apforms@gmu.edu

Optional Tracking Number:

- Use for payments less than \$2,000 (If greater than \$2,000, this form must be submitted via an eVA order)
- This form may not be used for Mason employees

Payee Information

Name:

Address

City State Zip Code

G#:

(If first time payee: a completed W-9 must be attached)

[W-9 Form](#)

Date of Service Performed:

Fund/Org:

*Activity Code:

Account: **78130**

* Activity code requires pre-approval

Check One:

- Pick-Up at A/P Dept., Call Ext. _____
- Mail to address shown
- Mail Attachment (Copy Attached)
- Other: _____

Date Submitted:

Date Required:

Check One:

- US citizen/lawful permanent resident
- Nonimmigrant visa holder and honorarium activities conducted in the U.S.

Visa Status:

Send form to International Tax, MS 4B2.

- Non-US citizen OR Nonimmigrant visa holder and honorarium activities conducted outside the U.S.

Please ask recipient to complete [Statement for Services Performed](#)

Send this form and signed Statement to International Tax, MS 4B2.

Description of Service Performed:

Amount:

A traditional honorarium is a token of appreciation paid to an individual distinguished in his/her field for services performed for which payment is not required. There is no contract, the fee is not set or negotiated by the recipient. Traditional honorarium payments will not be issued to Mason employees or students. Examples include: distinguished guest lecturer or noted scholar participating in a symposium. An operational honorarium is a token of appreciation paid to an individual for services performed for which payment is not required. There is no contract, the fee is not set or negotiated by the recipient. Examples include: co-operating teacher or volunteer coach.

Signatures

1. Signature of person requesting payment _____ Printed Name: _____ Title: _____ Date:

2. Signature of approving official for Fund or Organization _____ Printed Name: _____ Title: _____ Date:

(Signature card must be on file in Purchasing and Accounts Payable)

Dept. Name:

MSN:

Contact Person:

Phone Number:

Distribution: Send original to Accounts Payable; keep a copy for department records.