

## **GUEST: HONORARIUM REQUEST FORM**

Recipient Information								
Full Name:			Sponsoring Faculty:					
Title:			U.C. Employee?	Yes	No			
Email Address:			Have you received payment from UCLA in the past?					
U.S. Citizen?	Yes	No	Yes No					
U.S. Permanent Resident?	Yes	No	If Foreign National - Country: Note: If payee is a non-U.S. citizen, please contact purchasing@history.ucla.edu prior to the event date to					
CA Resident?	Yes	No						
For U.S. Citizens and Permanent Residents:			facilitate tax compliance paperwork.					
• Attach <u>W-9 Form</u> .								
Mail to address (no work addre	ess or PO bo	x allowed):						
<b>N</b>								

Event Information (to be completed by sponsor)							
Name of Event:	Date of Event:						
Purpose of the Event (enter a detailed description of when, where, and why it was hosted; attach a flyer):							

Honorarium Amount:

Office Use Only									
	Acct	CC		Project	Sub	Object	Amount		
FAU #1									
FAU #2									
Funding Source	•		-						
Fund Manager A	pproval:			Date:					
				the event listed ab cormation contained					
Recipient Signature:				Date:	Date:				
I certify that I hav is true and accura				est Form in its entir	ety and all	information cont	ained within		
Sponsor Signatur	e:			Date:					
PLEASE S	UBMIT THIS FO	ORM WITH	H THE NECESSA	ARY DOCUMENT	S TO HEL	P US EXPEDIT	E THE		

PAYMENT PROCESS. RETURN COMPLETED FORM TO <u>purchasing@history.ucla.edu</u> NO LATER THAN 5 DAYS AFTER THE EVENT.