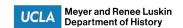
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GUEST: HONORARIUM REQUEST FORM

		Recipien	t Information				
Full Name:	Sponsoring Faculty: U.C. Employee? Yes No						
Title:							
Email Address:			Have you received			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 facilitate tax compliance paperwork.				
CA Resident?	Yes	No					
Mail to address (no work address)	ess or PO bo	ox allowed):					
	Event	Information (to	be completed by spons	sor)			
Name of Event:							
Purpose of the Event (enter a d	etailed descr	ription of when,	where, and why it was h	osted; attacl	n a flyer):		
	Honorarium Amount:						
		Office	e Use Only				
FAU #1 Acct FAU #2 Funding Source:	CC	Fund	Project	Sub	Object	Amount	
Fund Manager Approval:			Date:				
I certify that I have prepared for completed Honorarium Request my knowledge.							
Recipient Signature:			Date:				
I certify that I have reviewed the is true and accurate to the best of			equest Form in its entire	ety and all i	information (contained within	
Sponsor Signature:			Date:				