



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:

- The honorarium recipient is not a UNC Asheville student, UNC Asheville employee, or employee of another NC State Agency
You have attached a W-9 (Request for Taxpayer Identification Number and Certification) signed by the recipient unless their W-9 is already on file
You have listed the recipient's primary employer (not UNC Asheville)
There is no contract for services associated with this payment (this would require a Standard Agreement for Independent Contractor form and Check Request instead)
If the recipient is an out of state resident and the payment is \$1,500 or more, 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 amount
If travel is being reimbursed or other expenses paid, a travel reimbursement or 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 UNC Asheville. It is expected that the service period for most honorarium recipients will not exceed five (5) days.

Fund: Account: 719500 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

Dean/Vice Chancellor/Provost: Printed Name Signature Date

Return Check to: Dept: Address/CPO: