

INSTRUCTIONS TO ORIGINATOR:

- a. Complete Section I and if over \$500 forward to the Director of Human Resources for approval prior to event.
- b. Complete Section II upon completion of lecture.
- c. Is the Presenter/Lecturer a current SFSU employee:
 - Yes - Submit completed form to Human Resources.
 - No - Submit completed form to Accounts Payable (include a Vendor Data Record form or check cannot be issued).

SECTION I:	
1. College _____	
2. Department/Project _____	
3. Date, time and location of event _____	
4. Describe event and purpose of Honorarium _____	
5. Presenter/Participant/Recipient Name _____	
6. If for an individual <i>NOT an SFSU employee</i> , provide FMS chart field information: Account: _____ Fund: _____ Dept: _____ Program: _____ Class: _____ Project: _____ If for an <i>SFSU employee</i> , provide appropriate position #: Agency _____ Unit _____ Serial No. _____	
7. Amount: \$ _____	
8. I CERTIFY that the services listed are necessary to the sponsored activity and that there are sufficient funds available for this transaction. Dean/Director/PI _____ Date _____	
9. Director of Human Resources (if over \$500) _____ Associate Vice President, ORSP (if applicable) _____ Approved _____ Date _____ _____ Date _____	

SECTION II:	
10. INVOICE for services rendered: I certify that I have completed the services as described in Section I, and I request payment in the amount indicated above as payment in full for services rendered. I ____ am ____ am not a current University employee. Signature of Presenter/Participant/Recipient _____ SSN# _____	
11. <input type="checkbox"/> Hold check for pick up at the Disbursement Office (Administration 351). <input type="checkbox"/> Please mail check to: (must be typed or printed) Name of Presenter/Participant/Recipient _____ Address _____ City _____ State/Zip _____ Phone # _____	
12. I certify that the above services have been satisfactorily completed. Signature of Dean/Director/PI _____ Date _____ Budget verification for ORSP (if applicable) _____ Date _____	