UNIVERSITY OF RHODE ISLAND CONTROLLER'S OFFICE & HUMAN RESOURCES

Honorarium and Guest Speaker Fee

PS Vendor Number:	If new vendor, send W-9 to vendorw9@etal.uri.ed								l.uri.edu		
Name:											
Address for Payment:											
Faculty Sponsor:											
Host Department:											
Date of Lecture / Workshop / Event / Presentation:					ich Flyer, Annou chure, etc.	nceme	nt,		Yes		No
Topic:											
Reason for Honorarium:											
Amount of Honorarium:											
Guest Speaker Fee or Contract Amount:					Contract Attached?				Yes		No
Travel Expenses to be covered?	Yes	es No			Tax Status:	Internation		na	ı	Domestic	
Department Approver Nam	e:										
Department Approver Emai	il:										
Department Approver Phor	ne:										
	•										
Department Approval Signature					Date						
Attach this form to the Invoice Voucher for Payment											

See Guidelines for Honorariums and Guest Speakers