

Invoice I \_\_\_\_\_ Date \_\_\_\_\_  
Tax Nav # \_\_\_\_\_ W/H\$ \_\_\_\_\_



UNIVERSITY of  
DENVER

SHARED SERVICES CENTER

## Honorarium Payment Request Form

This form should only be used when an honorarium has been accepted by a non-employee individual as a payment in recognition of service in the form of a special, non-recurring event for which a fee is not legally or traditionally required. It should not be used for payments to businesses, corporations or partnerships or for services billed via invoice. For more information on honorariums, see [Honorariums](#).

### Directions:

1. Enter a Direct Pay into Banner for this payment making sure to uncheck document accounting
2. Complete this form and sign it electronically
3. Email the completed, signed form to [vendor-invoices@du.edu](mailto:vendor-invoices@du.edu) with the Banner document number in the subject line

### Name & Vendor Information

*First-time payees should complete the [New Vendor Registration Form](#)*

Last Name	First Name
Middle Name	Vendor ID #

### Payments to Foreign Visitors

*Payments to foreign visitors should be coordinated with Shared Services at least two weeks before the event date.*

Is the individual payee a U.S. Citizen?	Yes	No
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### Transaction Information

Transaction Date
Payment Amount

### Payment Delivery

Payments can be picked up (if desired) in the Shared Services Office. If you do not check the Pickup box below, the payment will be mailed or direct deposited based on payee preference.

**Pickup Check in Shared Services**

### Event Description

### Sponsoring Department

Department Name
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Department Contact
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Contact Phone
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### Approvals

*By signing below, I certify that I am familiar with the details of this transaction, it was completed in accordance with university policies and procedures, it is appropriate in terms of scale, budget, and relation to the mission and goals of the department and the University. For grant funds, I certify that this expenditure is appropriate and allowable to this award.*

Submitter/ Requester Name

Dean/Director/Authorized Approver Name

Submitter/ Requester Signature  
Ext.

Dean/Director/Authorized Approver  
Signature