



PAYMENT FOR HONORARIUM

NAME: _____ SSN: _____

ADDRESS: _____

Are you an employee of the Commonwealth of Virginia?

☐

NO

Agency Name _____

☐

YES

Agency Address _____

Signature _____ Date _____

TO BE COMPLETED BY PERSON ISSUING HONORARIUM

AMOUNT OF HONORARIUM: _____ \$ _____

REASON: _____

DATE OF SERVICE: _____

TIME OF SERVICE: _____

I certify that the above information has been verified and is correct to the best of my knowledge.

Signature: _____ Date: _____

For Payroll Use Only:

Budget to be Charged _____

Voucher No. _____

Date Paid _____