



## 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 \_\_\_\_\_