

HONORARIA

INSTRUCTIONS: Allow at least 10 working days for processing payment of U.S. Citizens.
Allow 30 days for payment to Non-U.S. Citizens.
DO NOT use this form for travel reimbursement.

Select As Applicable: UNCG Employee Medical/Health Care State Employee (Non-UNCG)
 UNCG Student Federal Employee
 Other Individual Receiving State Retirement Benefits _____
Name of State Agency

Select One: U. S. Citizen Non-Res. Alien (Attach NRA 001 with documents. If status B-1, B-2, WB, WT, or ESTA -
Legal Permanent Resident (Attach complete sign, date, and attach 9-5-6 Rule Statement)
copy of Form I-551)

PERSONNEL DATA

Name: First	Middle	Last	Tax ID (SSN)	Date mm/dd/yyyy
Permanent Mailing Address (resident if individual)			City	State
Permanent Mailing Address (continued)			Phone Number	Country
Email Address			1099	

PROGRAM DATA

Program Participating In	Work Done in what State
Dates of Participation - Beg mm/dd/yyyy	End mm/dd/yyyy
Honorarium Amount	
Type of Service Rendered	

Certification:

I understand this information may be reported to the Internal Revenue Service and may be subject to Self Employment Tax.

Under penalties of perjury, I certify that:

- 1) The number shown on this form is correct taxpayer identification number, and;
- 2) I am not subject to withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding

Certification Instructions: You must cross out the second certification listed above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Signature of Payee

Document #:	Vendor #:	Invoice Date:	Trans Date:	Addr C/S:	Due Date:	Bank Code:

Fund/Account to be Charged:

Vendor Invoice:	Description	COA	Fund	Account	Amount
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I certify that the above services were rendered satisfactorily and the payee is an independent contractor according to University Acct. & Bud. Policy 7.4.

Dept. Head/Prin. Investigator Date

C&G Office Approval Date

Prepared By Date

School/Department Campus Phone

All forms must be submitted electronically to:

Accounts Payable
acctpay@uncg.edu