



Honorarium Payment Form

Legal Name: _____

Mailing Address line 1: _____

Mailing Address line 2: _____

City, State & Postal Code: _____

PeopleSoft Supplier ID: _____

Amount: _____

Description of Payment: *(This should include the date and event information.)*

Department Contact (Name, Email, Phone):

Please attach this Honorarium Payment Form using the Payment Request module in PeopleSoft.

See Payment Request Instructions for how to complete in PeopleSoft.