COLORADO STATE UNIVERSITY - PUEBLO

Procurement Services

* Purpose: **Honorarium** used to support payment of an honorarium greater than $100 to an associate or other individual. Honoraria that do not exceed $100 do not require this form, but must comply with all applicable University policies. Honoraria paid to CSU-Pueblo employees must be processed by Human Resources.
* Reviewed by Human resources and/or Payroll, for international individuals to determine whether payment should be made though Procurement Services or through Human Resources.
* An Honorarium cannot exceed $4,500. An honorarium greater than $2,000 requires Vice President, Provost or President Approval.
* *NOTE:* *Honoraria are rewards, or token payments, made to individuals (e.g. guest lecturers) for services for which custom forbids a price to be set or where no expectation of payment exists for payment of services. Where there is an expectation of payment for services (in any amount) provided by an individual or sole proprietor, the independent services contract form is used instead of the honorarium form.*

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| **Purpose of Honorarium** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Total Honorarium Amount:** | | |  | | |  | | | | | | | | | | | | | | | | | | | |
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| **Honorarium Recipient Information** | | | | | | | |  | | **Department Contact Information** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | |  | | Department Name: | | | | | | | |  | | | | | | | |
| Citizenship: | |  | | | | | |  | | Contact Person: | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | Campus Phone: | | | | | | | |  | | | | | | | |
| *Has this person been a CSU-Pueblo employee in the last 12 months?* | | | | Yes | | No | |  | | Fax: | | | | | | | |  | | | | | | | |
| *If Yes, explain:* | |  | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Address: | |  | | | | | |  | | Campus Building and Room #: | | | | | | | |  | | | | | | | |
| Address: | |  | | | | | |  | | Email Address: | | | | | | | |  | | | | | | | |
| City, State, ZIP: | |  | | | | | |  | | Authorizing Individual Name: | | | | | | | |  | | | | | | | |
| Country: | |  | | | | | |  | |
| Tax ID #: | |  | | | | | |  | | Authorizing Individual Title: | | | | | | | |  | | | | | | | |
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| Department Head Authorizing Signature | | | | | Date | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Dean Signature *(if honorarium > $500)* | | | | | | | |  | | | | | | | | | | | | | | | |  | |
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| President , Provost, or VP of Finance Signature *(if greater than > $2,000)* | | | | | | | |  | | | |  | | | | | |  | |  | |  | |  | |
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| ***HR and/or Payroll Review & Approval*** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HR Signature and/or Payroll (requires payroll signature for Foreign Nationals)** | | | | | | | | | | | | | | | | | | Date | | | |  | |  | |
|  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | |
| **When all necessary signatures have been obtained:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Forward either W-8 /W-9 and Vendor Self-Certification Form to Procurement Services Office to enter Recipient in to KFS.** 2. **Attach completed Honorarium form to DV** | | | | | | | | | | | | | | | | | | | | | | | | | |

Revised 07/01/2018