

# The City University of New York

## HONORARIUM CLAIM FORM FOR PAYMENT

### I. PAY TO (please print):

PAYEE FIRST NAME	PAYEE LAST NAME
HOME ADDRESS	
CITY, STATE, ZIP	TELEPHONE NUMBER (        )        -
PAYEE EIN (LEAVE BLANK IF SSN) -        -	FAX NUMBER (        )        -
DEPARTMENT NAME TO BE CHARGED	DEPARTMENT NUMBER TO BE CHARGED

### II. DESCRIPTION OF SERVICES:


### III. DATES OF SERVICES:

FROM	TO
FROM	TO

### IV. PAYMENT/REIMBURSEMENT AMOUNT:

#### 1. Services (complete A or B):

A. Contract Fee \$ \_\_\_\_\_

B. Rate per hour/day \$ \_\_\_\_\_ x hours/days \_\_\_\_\_ \$ \_\_\_\_\_

#### 2. Travel Expenses (non-employee only - refer to current travel guidelines):

A. Transportation (\$ \_\_\_\_/mile x \_\_\_\_\_ miles) \$ \_\_\_\_\_

B. Lodging (Amount/Day \_\_\_\_\_ x \_\_\_\_\_ days) \$ \_\_\_\_\_

C. Meals (non-employee per diem only) \$ \_\_\_\_\_

D. Other (attach explanation/justification) \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### V. PAYEE CERTIFICATION:

**I certify that the above-listed services have been performed and that the reimbursement claimed is a true and accurate representation. In accordance with the New York State Public Officers Law § 73(8)(a)(i), I further certify that during the last two (2) years I have not been employed or paid by CUNY, SUNY, New York State agency or any entity that derives its funds from New York State.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### VI. UNIVERSITY/COLLEGE DEPARTMENT AUTHORIZATION:

**I certify that the above-listed services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date