

This form is for payment to individuals who are not APU employees. Please complete all fields or the form will be returned.

An honorarium is typically a one-time gratuitous payment made as a gesture of good will and in appreciation to guest speakers or others who provide services for which payment is not required. Payment is generally considered to be a token of appreciation for services provided, rather than fulfillment of an obligation, and the service provided is often event-related, such as a performance or speaking engagement. **If the fee is required by the individual or is negotiated, it is no longer an honorarium.**

Name: _____ Social Security #: _____
Last First MI

Home Address: _____
Street (No PO Box) City State Zip

Department Name: _____

Department Contact Person's Name (please print): _____ Extension: _____

Department Budget Account Number (13 digits required): _____

Project Number, if applicable (6 digits): _____

PAYMENT AMOUNT: _____ Date of Service: _____

Location where services will be performed: _____

Detailed Description of Service: _____

***If this is the FIRST TIME this individual is receiving a payment from Azusa Pacific University, please attach a completed [Vendor Information/Substitute W9 Form](#).**

If the individual is not a California resident, a completed [CA 587 Non-Resident Form](#) is also required. The individual may also be subject to 7% backup withholding for California. Payment will be reported to the IRS as required by law. The individual should complete a new CA 587 (if applicable) form yearly. If the individual is not a US resident, please contact the Business Office for further instructions (accountspayable@apu.edu).

Vendor Information/Substitute W9 attached: Yes No, form already on file

CA 587 Non-Resident Form attached: Yes Not applicable, individual is resident of CA

Honorarium checks are sent to the originating department for distribution unless the department requests something different. An honorarium is to be paid after the related service has been completed.

***Requests over \$500 also require the signature of the department's Dean, Vice Provost, or Vice President.**

Authorized Budget Signer (Print Name) Signature Date

*Vice President, Vice Provost, or Dean Signature (if over \$500) Date

DELIVERY: Call to pick up check Ext: _____ Mail to individual at home address above
 Campus mail to (name) _____ (dept) _____

SUBMIT COMPLETED FORM TO HUMAN RESOURCES FOR APPROVAL AND PROCESSING.

HR USE ONLY: Human Resources Representative (print name) _____

Approved: _____ Date: _____
Signature of HR Representative