

# HONORARIUM REQUEST

**SUBMITTED TO:** Oak Ridge Associated Universities

**Name:**

**Activity Name:**

**Activity Dates:** \_\_\_\_\_ **TO** \_\_\_\_\_

I certify that I have prepared for, participated in, and completed the activities as authorized by ORAU for the above listed activity. I understand that my honorarium payment is contingent on my citizenship status as indicated below.

Please select all that apply below:

I am a U.S. Citizen or Lawful Permanent Resident (green card holder)

**-OR-**

I request my honorarium be paid to my employer, \_\_\_\_\_ . It is understood that this does not represent a charitable contribution by ORAU to the aforementioned organization. **IRS W-9 Form with employer information must be provided with this form to comply with this request.**

All work completed inside of U.S. MUST complete Foreign National Information Form (may be subject to applicable taxation based on 30% Federal Income Tax withholdings and/or applicable tax treaty benefits) **IRS Form W-8BEN is required**

All work completed outside of U.S. No Foreign National Information Form (will not be subject to applicable taxation based on 30% Federal Income Tax withholdings and/or applicable tax treaty benefits). An **IRS Form W-8BEN is required**

Check  EFT banking information **has not** been provided, therefore send check to:

Address

City

State

Zip

Country of tax residence: USA

**Signature**

**Date**

\*\*\*\*\*

## TO BE COMPLETED BY ORAU

**\*Check the appropriate box:**

**Supplier ID#:**

W-9 uploaded

W-8BEN uploaded

Wire uploaded

EFT uploaded

EFT on file

W-9 on file

**\*\*Answer the question below:**

If the Honorarium is for a Foreign National, has the Foreign National Information Form been submitted to Payroll?

**Yes**

**No**

Date Submitted:

If no, contact **Payroll at 865-576-3056** for details.

Project/Task:

Expenditure Type: **HONORARIA**

Amount: \$

Written Authorization Preparer Signature:

Program Approval Signature/Date: