

	<p align="center"><b>NORTHERN ARIZONA UNIVERSITY</b>  Contracts, Purchasing and Risk Management  <b>HONORARIUM/ALLOWANCE REQUEST FORM</b>  928-523-4557</p>	RETURN TO: PO Box 4124 <a href="mailto:NAU-AccountsPayable@nau.edu">NAU-AccountsPayable@nau.edu</a> Revised 12/31/2018
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<b>Information</b>		
Northern Arizona University (NAU) employees shall not receive payment for an honorarium or allowance. Employee payments shall be disbursed through the applicable payroll system.		
Purchase Order Number:		
<input type="checkbox"/> <b>Honorarium:</b> An Honorarium is an unexpected gift, expression of gratitude, or a token of appreciation presented to an individual for services which no fee is set, agreed upon, or legally obtainable. It may be monetary, but just as often is a small work of art or other appropriate expression. Honorariums are by definition modest in value.		
<input type="checkbox"/> <b>Allowance:</b> An Allowance can either be compensation for services rendered or a scholarship/fellowship where no service is required. Compensatory Allowances are paid through the applicable payroll system.		
Payment for services shall be made utilizing a DPT document. <b>(Account # 759150)</b>		

<b>Recipient</b>		
Name:		
Street Address:		
City:	State:	Zip Code:
Country:		

<b>Payment</b>		
Fee: \$		
Event Date(s) and Location:		
Describe in detail the purpose of payment:		
Term: Net 30 in accordance with A.R.S. <a href="#">35-342</a>		

<b>Attestation</b>	
Honorarium/Allowance Recipient	
I hereby certify that the information provided on this form is true and correct.	
Signature:	Date:

<b>Department Official</b>	
It shall be the responsibility of the originating end-user department to determine the named individual is not currently nor shall be a NAU employee during the event date(s). Should the above definition(s) not satisfy the department needs, contact Contracts, Purchasing, and Risk Management at 928-523-4557.	
In accordance with NAU policy and ARS Section §§38-501 through §§38-511, I certify that neither I, nor any relative of mine shall benefit financially from this transaction. I certify that the services described above have been completed by the named service provider.	
Department:	Phone:
Name:	Signature: