

Honorarium Certification Statement

For the protection of confidential			For FSU Internal Use Only			
information, please mail or fax the		F7 van F7 No				
completed form to:		OMNI Vendor ID: TIN Match? Yes No				
Procurement Services A1400 University Cente	er				oval from Payroll Service	
Tallahassee, Florida 32306-2370 Fax: (850) 644-8921						
		Unique Document No.			Oate:	
Collection and Use of Social Securit is mandated by 26 U.S.C. 6041 and please visit: http://policies.vpfa.fsu Note: Any travel reimbursement in	related IRS regulations. u.edu/bmanual/safegua	If you have questions about ird.html.	the collection and	•		
Honorarium Recipient:						
Address:	C	ity:	State:		Zip:	
Phone:	F	ax:	Email:			
Social Security Number or US Fede Tax ID Number:	ral		-			
Date of Event:						
Purpose of Event:						
Dollar Amount of Honorarium:						
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Note: Any travel reimbursement ment to the individual listed above mement.fsu.edu	eets the Honorarium	·		ocurement S	ervices procedures loca	
This is a token payment	for services rendered.					
	nds are being utilized to	and the state of t				
award number and proje	•	pay this nonorarium, the co	st is allowable unde	r the terms of	f the award. Please indica	
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Click <u>HERE</u> to access the online <u>People Payments Procedures</u>. For additional questions regarding this form please contact Mr. James Johnson, Contractual Services Specialist, via email <u>icjohnson@fsu.edu</u> or by calling (850) 645-2304

Print this form

Form: Page **1** of **1** Revision #2.4 Approved by: IRR Date: 2017.03.14