

Honorarium Receipt Form

Recipient Information:

Name:		Date:	
Address:	City:	State:	Zip:
Email:	Phone Number:		

Payment Details:

Honorarium Amount:	Date(s) Service Provided:
Purpose of Payment:	
Mode of Payment:	

Acknowledgement of Receipt

I, _____ hereby acknowledge that I have received the honorarium payment as detailed above. I understand that this payment is for services rendered and may be subject to applicable taxes.

Recipient Signature _____ Date _____
Printed Name:

Authorized University Signature _____ Date _____
Printed Name: