

# University of Kansas

## Honorarium Receipt Form

Use this form to document receipt of honorarium payments for approved services. Complete all required fields (\*) and submit to the KU Office of Audit, Risk & Compliance.

### 1) Recipient Information

Name *	Date *
<input type="text"/>	<input type="text"/>
Address *	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Email *	Phone Number <input type="text"/>
<input type="text"/>	

### 2) Payment Details

Honorarium Amount *	Date(s) Service Provided *
<input type="text"/>	<input type="text"/>
Purpose of Payment *	<input type="text"/>
<input type="text"/>	
Mode of Payment (e.g., check, ACH)	<input type="text"/>
<input type="text"/>	

### 3) Acknowledgement of Receipt

I hereby acknowledge receipt of the honorarium as detailed above.

Recipient Signature*	Date *
<input type="text"/>	<input type="text"/>
Printed Name *	<input type="text"/>
<input type="text"/>	

### 4) Authorized University Signature

Authorized Signature*	Date *
<input type="text"/>	<input type="text"/>
Printed Name *	<input type="text"/>
<input type="text"/>	