

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	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	
Mode of Payment (e.g., check, ACH)	
<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"/>	

4) Authorized University Signature

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