SPEAKER HONORARIUM PAYMENT REQUEST FORM

Payments made to guest speakers for Honorarium

Requested by:

Name: _____ Date: _____

Check payable to:

Name: _____

Address: _____ Phone: _____

_____ **Attach W-9 Form for payee (required)***

Date(s) of Meeting(s): _____ Location of Meeting(s): _____

*All fee payments/non receipted reimbursed expenses will be reported to the IRS as income to recipient if in excess of $600 in a calendar year.

Payment for:	**Amount**
Honoraria	$
Travel	$
Other expenses	$
Total	$

This section for Evangelism Department use:

Amount: $_____

	Account	Sub-Account	Department
Charge:	869120		

Evangelism Director: _____ Date: _____

Treasury authorization: _____ Date: _____