Honorarium Certification Statement

For the protection of confidential information, please mail or fax the completed form to:

Procurement Services
A1400 University Center
Tallahassee, Florida 32306-2370
Fax: (850) 644-8921

Collection and Use of Social Security Numbers - The request for a SSN or other Taxpayer identification Number by FSU Finance and Administration is mandated by 26 U.S.C. 6041 and related IRS regulations. If you have questions about the collection and use of Social Security Numbers at FSU, please visit: http://policies.vpfa.fsu.edu/bmanual/safeguard.html.

Note: Any travel reimbursement must go through the OMNI Travel and Expense module.

Honorarium Recipient:

Address: City: State: Zip:

Phone: Fax: Email:

Social Security Number or US Federal Tax ID Number:

Date of Event:

Purpose of Event:

Dollar Amount of Honorarium:

Note: Any travel reimbursement must go through the OMNI Travel and Expense module.

Payment to the individual listed above meets the Honorarium procedures and guidelines outlined in the Procurement Services procedures located at procurement.fsu.edu

☐ This is a token payment for services rendered.

☐ If sponsored projects funds are being utilized to pay this honorarium, the cost is allowable under the terms of the award. Please indicate award number and project period below:

Requisition # __________________ Project Period: _________________________
Department ID __________________ Project # (if applicable): __________________

☐ The honorarium recipient is not employed by or directly associated with The Florida State University.

☐ The honorarium recipient has a Social Security or Federal Tax ID number. If the honorarium recipient is a non-resident alien, contact Payroll Services at (850) 644-3813. I understand that because of IRS regulations, payment will not be made to any individual who does not possess a social security or US Federal Tax ID number. A W-9 will need to be supplied by the individual receiving the Honorarium and sent to Procurement Services Supplier Request

Department Name: Dept. Representative or Fiscal Authority Name Printed:
Representative or Department Fiscal Authority Signature:
Date:

Department Contact: Phone: Fax: Email:

For Grant Accounts Only: MANDATORY SIGNATURE

Sponsored Projects Representative:
Signature: Date:

Click HERE to access the online People Payments Procedures. For additional questions regarding this form please contact Mr. James Johnson, Contractual Services Specialist, via email jcjohnson@fsu.edu or by calling (850) 645-2304

Print this form