

**THE UNIVERSITY OF AKRON
HONORARIUM AND EXPENSE AUTHORIZATION
(NON-UNIVERSITY PERSONNEL)**

NAME _____ CHARGE _____
DEPT/SPECIAL FUND: _____

ADDRESS _____ DATES-from _____ to _____

TYPE OF SERVICE RENDERED _____ COURSE No. _____

LIST EXPENSES BY DAYS IN SEPARATE COLUMNS - IF MORE THAN FIVE DAYS USE ADDITIONAL SHEETS WITH ONE TOTAL

DATES										TOTAL
COMMERCIAL TRANSPORTATION - Attach receipts										
Plane	to									
	to									
Other	to									
	to									
LOCAL TRANSPORTATION (Mileage) at current rate										
From	to	miles								
From	to	miles								
From	to	miles								
LODGING - List and attach receipted bills										
MEALS - If for more than one person show (No.)										
Breakfast										
Lunch										
Dinner										
Special - Banquet, etc., - attach receipt or program										
OTHER - Telephone, Registration, Etc. (Explain)										
HONORARIUM - This will be reported to the appropriate taxing authorities.										
REMARKS OR EXPLANATIONS:		DAILY TOTALS	\$		\$		\$		\$	
									AMT. CLAIMED	\$

I hereby certify that the expenses as detailed above have actually been incurred by me and are proper reimbursable items. In addition, I certify that I am not a regular employee of the University of Akron. I also certify that no expenses are included above for alcoholic beverages.

SIGNED _____ DATE _____

Social Security Number or Individual Taxpayer Identification Number (ITIN) _____

IMPORTANT: Is the Payee, or the Beneficiary of the payment, a U.S. Citizen or Permanent Resident Alien? YES NO
If **NO**, please contact the university's Tax Accountant at 330-972-6566.

AMOUNT APPROVED \$

I certify that all the information is correct:

APPROVED _____
Project Director and

APPROVED _____
Dean

APPROVED _____
Vice President (when total amount claimed exceeds \$500.00)

CHARGE ACCOUNTING CODE(S)

					5703
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