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.											
DAILY TOTALS	$		$		$		$		$		$	

REMARKS OR EXPLANATIONS

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) _____

APPROVED _____
Project Director and

APPROVED _____
Dean

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

CHARGE ACCOUNTING CODE(S)

5703

AMOUNT APPROVED

$