

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

NAME _____
 ADDRESS _____ DATES From: _____ To: _____

TYPE OF SERVICE RENDERED

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

DATES						TOTAL
COMMERCIAL TRANSPORTATION - ie. Plane, Taxi, Shuttle, etc. (Attach original itemized receipts)						
Plane	to					0.00
	to					0.00
Other	to					0.00
	to					0.00
LOCAL TRANSPORTATION (Mileage) at current IRS rate. (Please use the check box to indicate roundtrip mileage)						
From	to	miles	<input type="checkbox"/>			0.00
From	to	miles	<input type="checkbox"/>			0.00
From	to	miles	<input type="checkbox"/>			0.00
LODGING - List and attach receipted bills						0.00
MEALS - If for more than one person show number						
Full Day						0.00
Breakfast						0.00
Lunch						0.00
Dinner						0.00
Special - Banquet, etc., - attach receipt or program						0.00
OTHER - Telephone, Registration, Etc. (Explain)						
						0.00
						0.00
						0.00
HONORARIUM - This will be reported to the appropriate taxing authorities.						0.00
REMARKS OR EXPLANATIONS:		DAILY TOTALS	0.00	0.00	0.00	0.00
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 Manager at 330-972-6566.

AMOUNT APPROVED

I certify that all the information is correct:

Signature and date _____
Project Director

Printed name/contact _____ ext. _____

Signature and date _____
Dean

CHARGE SPEEDTYPE(S)

	7005
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	5703
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