(Revised 3/2013)						
	Н	_	State Univended State University			
Date:			Purchase Order No:			
Amount:	\$				(REQUIRE	D)
(School, Departmer	nt or Activity)					
P (Э Вох					
Justification/Approved contract/MOU attached			Yes		No	
Have services been rendered:			Yes		No	
Period services were rendered:			From		To	
Is the Payee a current VSU Employee: (Employees are not eligible for Honorarium Payment)			Yes		No	
(Employees are not	engible for frontier	arrum Fayment)				
Payee Name:				Social Security #:	XXX-XX-	
Mailing Address:					(Last 4 Digits)	
Requested By:					Date:	
nequested by.		(Grant PI or Respo	nsible Party)	-	<u></u>	
Approved By: (School Dean or Vice			ce President)		Date:	
		(,			
*******	***********	******	*******	*******	*******	******
Honorarium:		teer capacity or for serv	ices for which fees are r	any liability or legal obligation traditionally required. A accomodations and/or prepare	n Honorarium is tradition	
******	L *************	******	*******	*********	********	:*****