|  |  |
| --- | --- |
| PAYEE NAME**Street Address****City, ST ZIP Code** | HONORARIUM payment form |
| DATE - 7/5/2023EVENT DATE -  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| INVOICE NUMBER | P.O. NUMBER | REQUISITIONER | TERMS |
| HON MM/DD/YY |  | NAME OF PERSON PREPARING FORM | NET 30 |

| QUANTITY | DESCRIPTION | TOTAL |
| --- | --- | --- |
| 1 | HONORARIUM PAYMENT (Description from PO) |  |
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|  |  |  |
| --- | --- | --- |
|  | TOTAL |  |

**REMINDERS:**

* The honorarium invoice number should be the **DATE OF THE EVENT/HONORARIUM** in the following format – **HON MM/DD/YY**.
* The invoice date should be the **DATE THE EVENT OCCURED**. All payments are made Net 30 from the invoice date.
* No dollar signs and commas should be used in the **Total field**

**SEND ALL INVOICES TO** **AP-CMU-POINV@ANDREW.CMU.EDU** **FOR PAYMENT**