

Purpose of this Form: To document the intent to provide a gratuitous payment of money to an individual as a show of appreciation for their participation in a usual academic activity for which no fee is legally required and/or to establish the individual as a supplier (as applicable). See the [Honorarium Guidance \[pdf\]](#) for more information. This form will be electronically routed to and reviewed by the University Contracts Office (UCO). The requestor (CMU buyer) will receive an email from PerceptiveContentDONOTREPLY@andrew.cmu.edu when this form is approved. **THIS FORM DOES NOT INITIATE OR REQUEST PAYMENT OF THE HONORARIUM.** Upon approval of this form, the requestor (CMU buyer) must complete the [Honorarium Payment Form \[docx\]](#).

Honorarium Recipient Name _____ Honorarium Recipient Address _____
City _____ State _____ Zip Code _____ Recipient Phone Number _____

Is the recipient a new or existing supplier? _____

Thank you, _____, for your participation in _____, on _____

To show our appreciation, we are providing you with an honorarium in the amount of _____

Unless otherwise required by law or treaty, no employment or income taxes will be withheld. We kindly ask you to complete the questions below to determine if more information is needed to process your honorarium and return a copy of this letter to

at _____

I confirm by checking this box that the contact information provided for the recipient on this form is **known good supplier information**.

Preparer Signature _____

Date _____

Recipient Information

I would like my payment to be direct-deposited to the following account. I verify that the below information is accurate and correct.

Bank Name: _____ Bank Account Type: _____

Address: _____ Email Remittance To: _____

City: _____ State: _____ Zip Code: _____ Country: _____

DOMESTIC ONLY: Bank Routing Number: _____ Bank Account Number: _____

INTERNATIONAL ONLY: Bank Account Number: _____

Note: Banks which have adopted the ISO International Bank Account Number (IBAN) standard must ensure a complete IBAN account number is provided in the account number line. For example, Qatar IBAN numbers are 29 digits in the following format: QAKK QNBA 0000 0000 1234 123456 123.

S.W.I.F.T. Code (8 or 11 characters): _____

Other International Bank Code (e.g., BSB, Sort, ISBC): _____

Note: A CMU Accounts Payable representative will contact you to verify the banking information provided. If payment information is not verified, payment will not be processed.

Are you a non-resident alien of the United States? _____ Are you a current Carnegie Mellon employee? _____
If yes, skip to the Recipient Signature section

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Is your employer a foreign government or owned or controlled by a foreign government? _____

For purposes of this form, "foreign government" is any government institution, including public colleges and universities, outside of the U.S.

Are you or any family member an official of a foreign government? _____

Do you anticipate that it will be necessary to interact with any foreign officials on behalf of Carnegie Mellon? _____

Recipient Signature

I hereby certify that this honorarium is fully understood and entirely satisfactory. In addition, I acknowledge that I received and reviewed the university's [Foreign Corrupt Practices Act \(FCPA\) guidance](#) and [COVID-19 Mitigation Protocols](#).

Signature _____

Date _____

University Contracts Office (UCO) Use Only

University Contracts Office Representative _____

Signature: _____

Date _____

Finance Division Use Only

Ledger: _____

CMU buyer to submit completed form to Accounts Payable at
ap-supplier-doc@andrew.cmu.edu.