

Honorarium Certification Statement

for Honorarium Payments of \$1500 or less

Honorarium Recipient:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Social Security Number or US Federal Tax ID Number:			
Date of Event:			
Purpose of Event:			
Dollar Amount of Honorarium:			

Payment to the individual listed above meets the Honorarium procedures and guidelines outlined below and as further described @ <http://ozone.ohsu.edu/financial/ap/pdf/honorariumprocess.pdf>

- This is a token payment for services rendered.
- If sponsored project funds are being utilized to pay this honorarium, the cost is allowable under the terms of the award. Please indicate award number and project period below:

OGA Project #	Project Period.
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- The honorarium recipient is not employed by or directly associated with OHSU.
- The honorarium recipient is not a physician or the close relative of a physician who is in a position to make referrals to OHSU.
- The honorarium recipient has a Social Security or Federal Tax ID number. If the honorarium recipient is a non-resident alien, I will submit an OHSU Foreign National Information Form with my disbursement request to accounts payable (Form available at <http://ozone.ohsu.edu/ais/AP/APForeignNationalInformationForm.pdf>.) I understand that because of IRS regulations, payment will not be made to any individual who does not possess a social security or US Federal Tax ID number.

Department Name:	Fiscal Authority Name Printed:	Department Fiscal Authority Signature:	Date:
Department Contact:	Phone:	Fax:	Email:

For Grant Accounts Only: MANDATORY SIGNATURE	Sponsored Projects Representative: Signature: _____ Date: _____
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