

HONORARIUM REQUEST APPLICATION

DATE OF SUBMISSION:

1. VISITOR TYPE *Please check one* Academic Non-Academic Other

2. SPONSORING FACULTY INFORMATION

Name	Department & Campus Address	Email Address
Telephone Number		

3. VISITOR PERSONAL INFORMATION

Name	Address	U. S. Taxpayer Identification No.*
Telephone Number		<i>*Either Social Security Number (SSN) or Individual Tax Identification Number (ITIN) – if any</i>
Email Address		
Is the Visitor a U. S. Citizen or Permanent Resident Alien? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please answer the following questions</i>		
Visa Status used to enter U. S. for this visit	Visa Sponsor	

4. VISITOR INFORMATION

Topic of Interest	
Proposed Dates	
From: _____ mm _____ dd _____ yy	To: _____ mm _____ dd _____ yy
Visitor Qualifications <i>(Please attach Curriculum Vitae)</i>	
Proposed Program Schedule, including location	
How would this program topic be of interest to the wider University community?	
Will tickets be sold or fees charged to attendees? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. BUDGET, FUNDING AND PAYMENT

PART A. BUDGET	
Expense	Amount
Transportation	
Lodging	
Meals	
Honorarium	
Other <i>(Please specify below)</i>	
TOTAL BUDGET	
<i>(Must be in keeping with scope of event)</i>	

PART B. FUNDING SOURCES <i>(List all below)</i>		
Department	Budget Code	Amount
TOTAL FUNDING		
<i>(Must equal total budget)</i>		

PART C. PAYMENT TIMING	Check to be:
	<input type="checkbox"/> Presented day of event <input type="checkbox"/> Mailed to recipient

6. SIGNATURES

FACULTY/STAFF SPONSOR SIGNATURE

DATE

DEPARTMENT CHAIR SIGNATURE

DATE

ASSOCIATE VP, ACADEMIC AFFAIRS*
*(*IF VISITOR IS NOT US CITIZEN/PERMANENT RESIDENT ALIEN)*

DATE

Note: When making payments associated with this visit, Towson University will adhere to all federal, state and local tax withholding and reporting requirements