

**OAKLAND UNIVERSITY
APPROVAL FOR HONORARIA**

DEFINITION OF HONORARIA

An honorarium is a token of appreciation paid to an individual for services performed for which the individual does not require payment. The services involved vary, but generally are associated with oral presentations made at University sponsored functions. The arrangement between the individual and the University is informal; a contract and invoicing is not required. Honoraria will not exceed \$1,000. University faculty and staff CANNOT receive honoraria from the University.

PROCESS: The honoraria amount may not be set by the recipient. OU AP&P 262 must be followed for honorarium recipients. The department should process the transactions using a Direct Payment Voucher (DPV) and include (1) an OU Substitute W-9/Vendor Maintenance Form (W-8 for foreign payees), (2) a completed Employee vs IC Checklist and (3) the Approval for Honoraria form. If the arrangement includes reimbursement for travel expenses, these expenses are to be submitted using the Travel Expense Summary (TES). All forms are available on the Accounts Payable website.

FOR PAYMENTS TO FOREIGN NATIONALS

FOREIGN NATIONALS WITH B1, B2, WB, OR WT VISAS MUST READ THE FOLLOWING INFORMATION AND SIGN BELOW:

I hereby certify the penalties of perjury that **I am the holder of a B1, B2, WB, or WT visa**, AND I am being paid for usual academic activities conducted at the Oakland University for a period of **no more than nine days**. I also certify that I have not accepted honoraria payment(s) or reimbursement(s) for expenses **from more than five US institutions or organizations in the previous six months**.

I have submitted a completed IRS Form W-8BEN and a copy of my passport/visa. I understand that federal taxes will be withheld at a rate of 30%.

Foreign National Payee's Signature

Date

<input type="checkbox"/>
<input type="checkbox"/>

W-9 or W-8 Attached

Employee vs IC Checklist Attached

Form Completion Date: _____

PAYEE NAME: _____

ADDRESS: _____

AMOUNT TO
BE PAID: _____

PURPOSE:

DATE OF EVENT: _____ through _____

DEPARTMENT APPROVAL: _____

Department Head, Manager or Designee Signature (Required)

_____ Date

DEAN OR DIVISION HEAD APPROVAL: _____

Dean or Division Head Signature (Required)

_____ Date

The above signed confirm that this payment is not a fee for service and that the payee does not require payment.