



Honorarium Request

An honorarium is payment or award in recognition of special service or distinguished achievement for which custom or propriety forbids any fixed business price to be set. A gratuity paid for lecturing or similar service, usually not directly related to the value of service performed.

Examples of what is an Honorarium:

- Participating as a judge in a writing contest
- Reading of scholarly papers
- Participating in short term workshops and seminars
- Presenting research results
- Participating in research or scholarly symposium
- Participation on a panel
- Making a brief speech at a campus event
- Writing a short article for a professional publication

Examples of what is NOT an Honorarium:

- Payment for short term employment
- Payments to independent contractor for services performed
- Performance fees not directly related to an academic function
- Stipends are for staff, a regular or fixed payment made to an individual in recognition of added responsibility.

Instructions to originating department:

The purpose of this form is to request approval for a special guest for a workshop/event/activity or sponsored program. It is not to be used for consultants or other personal services which should be handled through normal payroll or contracting procedures. Please submit a check request with appropriate backup documentation to generate payment.

This form should be submitted to and approved by the appropriate Auxiliary Organization prior to the event.

Step 1) Complete questionnaire in full prior to completing the rest of this agreement (to be completed by department):

Honorarium Questionnaire

YES / NO

1) Does this individual currently work for the Corporation/OSU/CSUMB/any other CSU as an employee?

2) Does the Corporation/OSU/CSUMB expect to hire this individual as an employee to provide the same or similar services immediately following the termination of the activity for which he/she is receiving the honorarium?

YES / NO

If the answer is "Yes" to EITHER of the above questions, STOP. The individual must be classified as an EMPLOYEE and paid through the normal Payroll process.

If the answer is "No" to BOTH the above questions, proceed to section below:

3) Will the honorarium amount exceed \$4,999, including travel expenses?

YES / NO

Include all travel amounts that are expected to be reimbursed to the recipient, included in the Honorarium flat amount, or paid by the Auxiliary Organization on behalf of the recipient.

If the answer is "Yes", the individual must have a contract and insurance requirements must be met prior to work being performed. This form cannot be used.

In order for this Honorarium to be valid, all four (4) pages of this form must be submitted.

Accounting Use Only:

Allowability	
Availability	

H # _____

Honorarium Request (Cont.)

Step 2) Complete form fields below in full (to be completed by department):

Department: _____ Dept Contact: _____ Contact No.: _____

Honorarium Recipient Name: _____ Date(s) of Event: _____
(should not exceed three (3) days, contact Corporation for exceptions)

Title of Event: _____ Time of Event: _____

Location of Event: _____

Purpose: _____

Type of Honorarium (see examples on first page): _____

The total consideration of this honorarium shall not exceed _____ which includes, but is not limited to, meals, lodging, and transportation. **Total amount cannot exceed \$4,999.**

Approving Official Printed Name: _____ Title: _____

Approving Official Signature: _____ Date: _____

Expected Chartstring(s): *(all funds or projects to be charged must be authorized by the Approving Official on record)*

BUSINESS UNIT	ACCOUNT	FUND	DEPT ID	PROJECT	PROGRAM / CLASS	AMOUNT
	660819					
	606804 ***					

*** Note: 606804 should only be used if the recipient is traveling AND those travel expenses are to be reimbursed to the traveler OR paid directly by Auxiliary Organization funds (Example: Paid by ProCard or Check on behalf of traveler)

In order for this Honorarium to be valid, all four (4) pages of this form must be submitted.



Honorarium Request (Cont.)

Review and Evaluation of Checklist (this section is completed by the Corporation)

Determination: Honorarium Employee(contact Corp HR for further guidance)
 Independent Contractor (please complete the [IC Questionnaire](#) and send to ucorp_independent_contractors@csumb.edu for processing)

Comments/Notes:

HR Reviewer's

Name

_____ Date: _____

HR Reviewer's

Signature

Background Check (this section is completed by the Corporation)

The [Background Check Policy HR 2017-17](#) requires background checks for independent contractors if they perform duties that would require the background checks to be conducted if performed by CSU employees. In order for an independent contractor to operate under contract with the CSU or on CSU property, the independent contractors are responsible for attesting that the appropriate background check has been completed. This includes independent contractors who are performing work subject to legal background check requirements.

In order for this Honorarium to be valid, all four (4) pages of this form must be submitted.



Honorarium Request (Cont.)

This page should be completed by the Honorarium Recipient:

Indemnification and Hold Harmless Clause for Honorariums

Honorarium Recipient shall hold harmless, defend and indemnify all Auxiliary Organizations of CSU Monterey Bay, California State University Monterey Bay, the Trustees, its officers, representatives, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Recipient's performance of work hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of Corporation.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Honorarium Recipient Signature: _____

Honorarium Recipient Name (Print): _____

_____ Date

Honorarium Payments: Payments will be made in accordance with the Auxiliary Organization's payment terms policies and procedures. All honorarium recipients must complete the Vendor Data Record Form 204 in order to receive their honorarium. If travel expenses are being paid for or reimbursed by the Auxiliary Organization receipts should be provided.

If the intended honorarium recipient is not a resident of California or the United States, please contact Accounts Payable for procedures at 831-582-4017.