

Comments appear in these colored boxes. Mouse over a speech bubble to learn more about a particular field.

EXAMPLE FORM



# RHODE ISLAND COLLEGE Honarium Request Form

No 31249

White - Accounting    Yellow - Department

**TO INSURE PROMPT PAYMENT, THE FOLLOWING INFORMATION MUST BE PROVIDED:**

- This form should be *TYPED* or *PRINTED* clearly.
- All personal information - SS#, name, address, etc.
- A completed W9 form (if not currently on file with the College)

SS NUMBER: 123-45-6789

Please Circle One: MAIL CHECK / HOLD FOR PICK UP

NAME: Sample Person

ADDRESS: 123 Sample Avenue

PHONE #: (401) 101-1010

CITY/TOWN: Providence

STATE/ZIP: 02908

The payee's signature should go here

And the date

(Signature of person providing service certifies that the above information is accurate)

(Date)

**DESCRIPTION OF DUTIES:**

Presentation of "New Teaching Technologies"  
for Technical Assistance Conference on 4/2/06

DATE: 4/3/06

DATE CHECK REQUIRED: 4/14/06

Authorization of commencement of the services described above was granted prior to start of said services

Print/type and sign your name

Responsible Person

**AUTHORIZING SIGNATURES:**

\$250.00

Department Head

Vice President/Directors

Authorized amount

Enter your grant name

Grant #, budget reference and dept #

Department/Grant Name

Dept./Grant Number

Administration/Finance

**For Payroll Use Only**

Amount \$ \_\_\_\_\_ Reviewed \_\_\_\_\_

Month Paid

Period Covered \_\_\_\_\_

Jul 1, 15    Jan 1, 15

Aug 1, 15    Feb 1, 15

Sep 1, 15    Mar 1, 15

Department \_\_\_\_\_ Inputted \_\_\_\_\_

Oct 1, 15    Apr 1, 15

Nov 1, 15    May 1, 15

Code \_\_\_\_\_

Dec 1, 15    Jun 1, 15