

HONORARIUM REQUEST FORM FOR SPEAKERS

Please submit request 4-6 weeks prior to event.

Date of Request:			
Name of Speaker:			
Event Date:	to		
Social Security Number:	E-mail Addres	ss:	
Address:			
City:	State:	Zip Co	ode:
U.S. Citizenship status?	itizen 🗌 Permanent Resident (green card holder)	Non-Resident Alien
If a Non-Resident Alien, an account will be temporary UserID and Password that will al of questions. Once completed, GLACIER w In addition, GLACIER will identify whether p	low access to the GLACIER system. Grill generate forms and provide instruc	LACIER will prompt th tions on how to comp	ne foreign visitor to answer a serie plete the registration process.
Is the speaker a UC Employee? Yes	No No		
If yes, please provide a contact name and e	email for the speaker's campus/home o	dept.:	
Please attac	h flyer/announcement and	email correspo	ndence
Amount of Honorarium: \$	_	·	se contact us immediately.)
Please note: the honorarium check will	·		ınless otherwise requested.
Send	I to department for pick up	heck rush fee \$7	
AUTHORIZING SIGNATURE	DA	TE	
For IHC use Project Code:	Account-Fund:		Honorarium Request Form Rev. 4.3.19