

**Administrative Services
Accounts Payable Office**
16000 East CentreTech Parkway
Aurora, Colorado 80011
303-360-4758 Phone
303-360-4761 Fax



REQUEST FOR PAYMENT OF HONORARIUM

Date: _____

Date service performed: _____

Date payment to be rendered: _____

Name: _____

Amount: \$ _____

Social Security Number: _____

Cost Center: _____

Brief description of service performed: _____

Note: Payment cannot be processed without a completed W9 Form on file in the Accounts Payable Office.

Approval Signatures

Cost Center Administrator

Date

Accounts Payable use only:

Completed W9 on file: Yes No