

Coordinator/Host Honorarium/Expense Payment Form To be filled out and signed by every Event Coordinator and Site Host

Circle	: One:	Even	t C	oordinat	or / Sit	te Host
Name of Event:					Date:	
Location of Event:						
Name:						
Address:						
City:			Sta	ite:	Zip Cod	le:
Work Phone:			Но	Home Phone:		
Social Security Nur	nber:					
** A current IRS W	/-9 form must	t be subm	itted	with this f	orm (one	per calendar year) **
EXPENSES - Click here for current honoraria						
Event Coordinator:	Full Honorarium:			Divide by:		
Site Host:	Full Honorarium:			Divide by:		
Mileage:	Miles			@ 70 cents:		
List EVENT Expenses:						
Expense Amount:						
L&I Hours			Grand Total:			
Employee	Signature:					
Event Coordinator Signature:						

^{**} All expenses must also be logged on the expense form and accompanied by receipts **