

College of Health and Human Development Honorarium Payment Form

**This form must be attached as backup to the Non-PO Invoice document in SIMBA. Also, the detailed explanation below must be entered in the "long text field" of the SIMBA document.

Date: _____

Name: _____

Address: _____

Detailed Explanation for Honorarium Payment: _____

Amount of Payment (must be equal to or less than \$1,000.00) _____