



# Honorarium/Stipend Request Form

SUBSTITUTE W-9

PURCHASING SERVICES

File Name: AP Honorarium Stipend 37.doc

Form Date: 05/25/05

PD Number: \_\_\_\_\_

- HONORARIUM:** An Honorarium is an unexpected gift, expression of gratitude, or a token of appreciation presented to an individual for services which no fee is set, agreed upon, or legally obtainable. It may be monetary, but just as often is a small work of art or other appropriate expression. Honorariums are by definition modest in value. (Use Commodity Code; *Honorarium* and OBJT/SOBJ; **7535-20**)
- STIPEND:** A Stipend is an allowance or periodic payment. A Stipend can either be compensation for services rendered or a scholarship/fellowship where no service is required. Compensatory Stipends are paid through the Payroll Department. Scholarship/fellowship Stipends are paid through Purchasing Services. (Use Commodity Code; *Stipend* and OBJT/SOBJ; (**7510-30** Services Only) (**7790-01** Scholarships Only) (**7420-90** Participants)

### STATE OF ARIZONA, INCLUDING NORTHERN ARIZONA UNIVERSITY, EMPLOYEES SHALL NOT RECEIVE PAYMENT FOR AN HONORARIUM/STIPEND

(Employee payments shall be disbursed through the applicable payroll system)

It shall be the responsibility of the originating end-user department to determine the named individual is not currently nor shall be a State of Arizona employee during the event date(s). Should the above definition(s) not satisfy the department needs, contact Purchasing Services at 928-523-4557.

**New Vendor? Check the box if yes**

SSN: \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Check one of the following:

- US Citizen/Resident Alien.**
- Nonresident Alien** Federal Income Tax of 30% shall automatically be withheld from this pa

I hereby certify to the Arizona Board of Regents and Northern Arizona University that, to the best of my knowledge, the information provided is true, complete and correct.

Applicant Substitute W-9 Certification, under penalties of perjury, I certify that:

- a. THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER.
- b. I AM NOT SUBJECT TO BACKUP WITHHOLDING.
- c. I AM A U.S. PERSON.

\_\_\_\_\_  
Honorarium/Stipend Recipient Signature

\_\_\_\_\_  
Date

Honorarium/Stipend to be paid: \$ \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Describe in detail the purpose of the disbursement: \_\_\_\_\_

In accordance with University policy and ARS Section 38-501 through 38-511 (conflict of interest), I hereby certify that I, nor any relative of mine shall benefit financially from this transaction.

I certify that the services describe above have been completed by the named service provider.

Date: \_\_\_\_\_

Department Official Signature: \_\_\_\_\_