



# HONORARIUM/PROFESSIONAL SERVICES

## PAYMENT NON-UW employees

The Henry M. Jackson School of International Studies  
University of Washington, Box 353650

**PLEASE TYPE FORM**

**IMPORTANT:** If requesting an honorarium, you must attach a completed **UW Form 1631**. If requesting payment for professional services, you must attach **UW Form 1632** and a formal invoice from the vendor (payee).

**NOTE:** If requesting payment for a foreign national, you must ensure the type of payment is allowable based on visa type and complete the necessary forms listed in the link below. See payments that can be issued to foreign nationals chart here:

<https://finance.uw.edu/globalsupport/honorarium-payments-foreign-nationals>

*For Business Office Use:*

Payment for Services \_\_\_\_\_

Date \_\_\_\_\_

Requested by \_\_\_\_\_  
*(UW faculty/staff)*

Program \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Budget # \_\_\_ - \_\_\_\_\_ Amount \$ \_\_\_\_\_ PCA \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Budget # \_\_\_ - \_\_\_\_\_ Amount \$ \_\_\_\_\_ PCA \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Individual's Legal Name \_\_\_\_\_  
*(no nicknames)*

US Citizen      Resident Alien      Non-Resident Alien

If non-resident alien, where were services performed: US      Abroad      US and Abroad

Tax ID: \_\_\_\_\_ Will this person be paid more than \$10,000 in a year?      Yes      No

Permanent Home Address \_\_\_\_\_  
*(street address ONLY; no P.O. box numbers)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Lecture Title: \_\_\_\_\_

Lecture Location: \_\_\_\_\_  
*(Building & Room Number if at UW. Otherwise, provide address)*

Lecture Date & Time: \_\_\_\_\_

Description of Professional Services:

Location of where services were performed: \_\_\_\_\_  
*(City & State, or Country if abroad)*

Dates of Service: \_\_\_\_\_

Service Completed On: \_\_\_\_\_

**Expense Summary:**

Honorarium                    \$ \_\_\_\_\_

Professional Service        \$ \_\_\_\_\_

**TOTAL**                         \$ \_\_\_\_\_

Submit form to: **JSIS Accounts Payable, Thomson Hall 4<sup>th</sup> floor Mailroom**

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