

**THE UNIVERSITY OF OKLAHOMA
REQUEST FOR HONORARIUM/SPEAKER FEES APPROVAL**

This form should be used for payments made to a professional person for services which fees are not legally or traditionally required. The services must be of the type for which the University stipulates only the desired objective or product; the individual is free to determine the process or procedure to achieve that objective. Generally, the individual should be an **authority** or **recognized expert** in the field of endeavor for which retained, and the service should be of a **non-recurring** nature.

Do not complete this form for an employee currently working or who has worked as an employee within the past 12 months for the University of Oklahoma. If the worker is currently appointed, or has worked as an employee for the University within the past 12 months, payments must be made through Payroll. If the worker has retired from the Oklahoma State System of Higher Education within the past 24 months, they must be paid through Payroll.

The service should not be available within the staffing of the University. Examples of services which qualify are:

- A. A guest lecturer whose lecture is directed by the University only in terms of general subject matter to be covered. If included in a course, the lecture should only enhance and not serve as a source of fundamentals essential to the course of instruction.
- B. An entertainer, guest artist, or guest director.
- C. A recognized authority in a field of endeavor where expertise is not otherwise available through University sources.

Generally an honorarium/speaker fee payment is to include all expenses, including travel expenses, associated with the service provided. If all original receipts are submitted for the expenses, you may separate the expenses from the services under the accountable plan rules. Any expenses that are not submitted with original receipts will be combined with the service fees and reported to the IRS on the appropriate 1099 or 1042 Form.

SERVICE PROVIDER INFORMATION:

Name: _____ Last 4 Digits Tax Identification Number: _____

Business Name:

(Checks will be made payable to): _____

Address:

(Where payment is to be mailed): _____

If Foreign National* ± – Country: _____ Immigration Status: _____

- If services will be provided inside the U.S. by an individual who is not a U.S. Citizen or permanent US resident, the individual must complete and attach an International Information Form (IIF) and include the required documents as listed on that form. The completed IIF must be forwarded to AP with submission of the Request for Honorarium Approval form.

SERVICE PROVIDER – PLEASE READ CAREFULLY

The University of Oklahoma considers all honorarium/speaker fees payments as compensation for Internal Revenue Service reporting purposes. The University will send either an IRS Form 1099 or 1042 to all recipients as required by Internal Revenue Service regulations. It will be the recipient's responsibility to retain the necessary documentation for tax purposes.

Please sign the following certification:

I hereby certify that I have not served as an employee of the University of Oklahoma within 12 months or retired from Oklahoma State System of Higher Education within the past 24 months from end of service date. I certify that I have reviewed the completed Request for Honorarium/Speaker Fees Approval form in its entirety and all information contained within is true and accurate to the best of my knowledge.

Recipient Signature: _____ Date: _____

Are you or any of your company/institution's officers or owners related to a current OU employee? ___Yes* ___No

*If yes, then name and relationship: _____

DEPARTMENT INFORMATION AND CERTIFICATION:

Please describe services to be provided:

Date(s) service will be provided this fiscal year: _____

Source of payment: Departmental Funds Sponsored (SPNSR) Funds

SPNSR Account, if applicable: _____

Department submitting the request: _____

I certify that I have reviewed the completed Request for Honorarium/Speaker Fees Approval form in its entirety and all information contained within is true and accurate to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

FINANCIAL SERVICES USE ONLY:

Signature: _____ Date: _____

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SERVICE PROVIDER NAME: _____

Please answer the following questions.

- | | Yes | No |
|---|--------------------------|--------------------------|
| Is the person a current University of Oklahoma employee, includes Oklahoma City, Tulsa, and Norman campuses, or has the person worked for the University within the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the service provider retired from any institution within The Oklahoma State System of Higher Education (colleges or universities supported by state funding) within the past 24 months?
If yes: Retirement date? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above questions in this section is yes, STOP. The service provider must be treated as an employee for tax purposes and taxes will be withheld. Contact Payroll to determine how the provider may be paid.

If all answers are no, complete the questions below.

The following questions must be answered by the departmental representative.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Could someone within the University's existing faculty or staff provide this service?
If no, please explain:

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you paid this individual an honorarium or speaker fees within the past 12 months?
If yes, please explain:

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your department scheduled future visits in which the individual will be paid for similar services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does anyone at the University tell the individual how to perform the service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will the individual lecture to University students for an accredited course?
If yes, please clarify if the individual will be administering any part of the course or submitting questions that will be on the exam that will determine the student's grade.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does this individual stand to realize a profit or loss as a result of the service provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was an amount agreed upon before the service began? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If yes, is the amount to be paid by the hour? | <input type="checkbox"/> | <input type="checkbox"/> |

PROCESSING PROCEDURES

The department requesting payment should prepare the Request for Honorarium/Speaker Fees Approval form and submit it, with any additional required documentation, to Suppliers@ou.edu. After reviewing the form, Accounts Payable will notify the department whether the request was approved or denied. If approved, a copy of the first page of the form must be submitted with the vendor form and each subsequent voucher payment request.