HONORARIUM EXPENSE FORM

AUTHORIZATION FOR PAYMENT OF HONORARIUM

NAME:	
ADDRESS:	
EMAII ADDDESS:	
LIVIAIL ADDIKESS.	
PHONE #:	
DESCRIPTION OF SERV	MCTC (Annual Classic Control of the
DESCRIPTION OF SERV	/ICES (Attach flyer, invitation, or other corresponding documentation):
AMOUNT:	
ADDDOVED DV	DDOUGGT /A GGT
APPROVED BY:	PROJECT/ACCT:
	(Signature Required)