Henry M. Jackson Foundation
for the Advancement of Military Medicine

HONORARIUM REQUEST

Recipient's Name: _____ SSN/TIN: _____
Please Print — **required for payment**

Account Code: 5340

HJF Project #: ___ - ___ - _____ - __ - _____
fund — dept ID — program — class — proj ID

Amount : $ _____

Special Instructions (e.g., mailing address for check, date needed, etc):

Address: _____
* if required tax forms will be sent the address listed _____

Phone Number: _____

Purpose of Honorarium:

_____

_____

_____

_____

Requester's Signature: _____
Principal Investigator/Project Coordinator — Phone — Date

Concurrence: _____
Department Chairperson/Assistant Fund Coordinator — Phone — Date

For Use by Foundation Finance Office

Approval: _____

Voucher #: _____ Date:

Federal Government employees are not eligible for honoraria. Special exceptions may apply within certain military medical centers, or other Federal agencies.

Please return completed form to the Office of Education Programs