



DEPARTMENT OF AMERICAN INDIAN STUDIES
HONORARIUM REQUEST FORM

QUARTER YEAR AIS COURSE

AIS FACULTY NAME: _____

HONORARIUM RECIPIENT NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

U.S. CITIZEN? YES NO

SOCIAL SECURITY NUMBER: _____

DATE/TIME OF LECTURE: _____

HONORARIUM AMOUNT REQUESTED: _____

SUBJECT OF PRESENTATION:

Please submit to AIS Administrator prior to the requesting quarter for approval. Submit a form for each individual request. Honoraria will be approved after budget committee consultation.

Approval _____
Chair of American Indian Studies