

# UMBC Honorarium Agreement

Check here for potential Non-Resident Alien Payment. Please complete the [Foreign National Independent Contractor Payment Form](#).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Purpose of Payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honorarium Amount: \$\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **am not** employed by any agency of the State of Maryland, the University System of Maryland, or any other county Board of Education.

\*\* Please note that the original copy of this form must be submitted for payment. The university **will not** accept a faxed copy.