Date

## Date

## Paying Department:

## Medical Faculty Associates Honorarium Recipient Form

- 1. If the recipient is a current employee of MFA, or has been an employee at any point during the current calendar year, process the request through MFA Payroll.
- 2. Form needs to be filled out completely and in *advance* of the event.
- 3. New domestic honorarium recipients must provide both a signed and dated W9 form and an <u>Electronic 1099</u> <u>Delivery Consent Form (PDF)</u> with the completed and approved Honorarium Recipient Form.
- 4. For a new international recipient, please send the completed and approved Honorarium Recipient Form to MFA Payables using <u>invoice@mfa.gwu.edu</u>. A W-8BEN and an Alien Information Request Form are required and should be attached. Check the <u>Honorarium Guidance</u> for more information about the rules and conditions for payment, including, e.g., payment guidelines, tax treatment, and special rules relating to payment of honoraria to individuals who are not U.S. citizens or permanent residents. Following review by MFA Payables, the honorarium packet will be forwarded to Supplier Maintenance for registration.
- 5. \*Check "Gross" if amount should be grossed up to cover taxes (payee will receive a payment equal to the amount requested). Check "Net" if taxes should be netted from the amount requested (payee will receive requested amount less applicable withholding for taxes).
- 6. Requests over \$2000 must be approved by a PGA in Concur prior to coming to the Accounting Review / MFA Payables.

To be completed only by the Recipient:	
Recipient Name:	Last Four Digits of SSN:
Are you a U.S. Citizen or Permanent Resident	(if no see a, b, and c below)
a. Indicate the type of your visa (for example,	-1/B2, VWB/VWT, J-1 etc.:
	•
c. Give all three forms, along with a copy of y entering the U.S.) Recipient's Address	ur passport and visa, to your Department contact. (Passport and visa not required if not
Recipient's Phone	Recipient's Email
Honorarium Recipient Signature:	Date:
***To re	eive your payment by direct deposit please complete***
Bank Name:	Remittance Email Address:
Routing Number:	Account Number:
Completed forms should be returned to your Departmental Contact	
To be completed only by the Department:	Honorarium Amount Natural Account:
Required for Foreign Accounts : Regions	Type of Activity:
If MFA employee, process payment through	ayroll (related to job)? Process as gross or net?
For virtual events consider the physical locat	activity or event, including the Recipient's role, or provide a copy of the event program. In of the honorarium recipient. Use a foreign account if the recipient was overseas at time of ally in MFA organized conference via Zoom from UK. Use the foreign account 55161 and d and Greenland).
Dept. Contact Name:	Dept. Contact Phone: Dept Contact Email: