

Honorarium Agreement
UMBC Music Department
1000 Hilltop Circle, Fine Arts 509
Baltimore, MD 21250

Name _____

Address _____

Phone Number _____

Social Security Number _____

Services Rendered _____

Date(s) of Rehearsal(s) _____

Date of Concert/Event _____

Honorarium Amount \$ _____

This is to certify that I have performed the above services.

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.

I **am not** a Non-Resident Alien. *(If unchecked, Foreign National Independent Contractor Payment Form must be completed).*

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