

**MONTGOMERY COLLEGE**  
OFFICE OF BUSINESS SERVICES  
ACCOUNTS PAYABLE, MKE 230  
900 HUNGERFORD DRIVE  
ROCKVILLE, MD 20850  
FAX (301) 545-0539

***HONORARIUM CONFIRMATION AGREEMENT***

Montgomery College ("College") and \_\_\_\_\_ ("Presenter") agree that Presenter shall receive the stated payment as an honorarium for performance of the services specified.

1. Name of Presenter: \_\_\_\_\_
2. Address of Presenter: \_\_\_\_\_
3. Presenter SSN or EIN (Fed. Emp. ID No.): \_\_\_\_\_
4. Presenter's e-mail address \_\_\_\_\_
4. Presenter Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_
5. Service to be Performed: \_\_\_\_\_
6. Identify event/publication, etc.: \_\_\_\_\_
7. Date (s) of Performance: \_\_\_\_\_
8. Time (s): \_\_\_\_\_
9. Location of Performance: \_\_\_\_\_
10. Audience: Students \_\_\_ Faculty/Staff \_\_\_ Community \_\_\_ Other \_\_\_
11. Total Amount of Honorarium: \$ \_\_\_\_\_  
(Unless otherwise specified, payment will be made within twenty (20) working days of final performance.)
12. Presenter will abide by all applicable laws, orders, policies, procedures, rules and regulations and is solely responsible for all insurance requirements.
13. Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. This is the entire agreement and shall not be effective until fully executed. Any modification must be in writing and signed by the College and the Presenter.

15. Contact person at the College: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

**PRESENTER:**

\_\_\_\_\_  
SIGNATURE AND DATE

\_\_\_\_\_  
PRINT OR TYPE NAME

**MONTGOMERY COLLEGE:**

By: \_\_\_\_\_  
SIGNATURE AND DATE

\_\_\_\_\_  
PRINT OR TYPE NAME

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**FOR OFFICE USE ONLY**

Approved for Payment/Verification of Performance

If installment Payment Approve Payment No. \_\_\_\_\_ Of \_\_\_\_\_ installments.

Date (s) of Performance: \_\_\_\_\_

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

Title: \_\_\_\_\_

I certify that sufficient funds are in Montgomery College Account \_\_\_\_\_  
to pay all costs of this agreement. (Fund, Org, Account (6002) Prog)

\_\_\_\_\_  
**PRINT ACCOUNT MANAGER NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ACCOUNT MANAGER'S SIGNATURE**