



The Graduate Student Senate

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Honorarium Reimbursement Form

For Office Use Only:

Approved

Not Approved

Date Received: ____ / ____ / ____

Presenter: _____

Presenter Title: _____

Presentation Title: _____

Event Presentation Given for: _____

Department/Organization Presentation given for: _____

Location of Presentation: _____

Date of Presentation: _____

Amount of Honorarium: _____

Additional Items Submitted for Reimbursement: _____

I, _____, gave the above presentation. I agree to the above stated honorarium to be paid and understand that the sum will be paid through the Graduate Student Senate of the University of Connecticut and will be sent to me in the mail.

Signature: _____ Date: _____

Address to Send Check to:

