

UMBC Honorarium Agreement

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

Name: _____

Social Security Number: _____

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.