

FORT BRAGG CHAPLAINS OFFICE

AUTHORITY FOR HONORARIUM

Fund Manager

Today's Date _____

Sub-Account _____ Verifying PEM _____

Person Receiving Honorarium _____

Mailing Address _____
_____ Telephone # _____

Purchase Order # _____

Note: Remember that an Honorarium Request form must be submitted to the Funds Office and a purchase order must be signed before payment can be made.

Program Element Manager

I verify the event for which honorarium was approved took place (Date) _____
Request a check in the amount listed above be mailed to the person listed above.

Signature of Person to
Whom Honorarium is to
Be Paid

Signature of Distinctive Faith Service
Leader or Contract Clergy, If needed

Signature of Program Element
Manager or Designated
Representative

Note to PEM: Please forward this form, along with attachment(s), to the Fund Manager.