

CUNY Employees Report of Receipt of Honoraria Form
April 1, 2017 to March 31, 2018

College: _____

Address: _____

Submitted by: _____ Office: _____ phone #: _____ email: _____

Date of Honoraria	Source	Nature of Activity	Description	Location of Activity	Amount

NOTE:

- **Above organizations do not do business with CUNY**
- **The service was not part of the individual's official duties**
- **Service was performed on other than work time or was charged to accrued leave**
- **CUNY's resources were not used to prepare to deliver services**
- **CUNY did not reimburse travel expenses**