

Honorary Recipient Form

Is the Payee a UMB Employee?	Choose one:
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IMPORTANT:
If the Payee is a UMB Employee, do not use this form.
Contact your HR Rep or your [Payroll Rep](#) for payment instructions.

Payee Information			
Name			
Address			
Social Security Number		Amount	

Description of Services			
Date of Services			

I confirm that I am a U.S. Citizen or U.S. Permanent Resident; I have provided the services listed above; and I agree to the amount stated above.

Recipient's Signature	
Date	

Attach this Form, the Memo authorizing payment on Department letterhead, and Form W-9 to the e-Z Payment Request Form.