

CUNY Faculty Report of Receipt of Honoraria Form
April 1, 2020 to March 31, 2021

Name: _____ **Title:** _____
College: _____ **Dept.:** _____ **phone #:** _____ **email:** _____

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

Signature of Faculty Member

date

NOTE:

- **The service was not part of the faculty member'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**