

HONORARIUM CLAIM FOR PAYMENT

NORTH DAKOTA DEPARTMENT OF COMMERCE/WFD
SFN - 59537 (05/10)

HONORARIUM CLAIM FOR PAYMENT

Name		SSN #	
Address			
City, State, Zip Code			

Description of item or service	Quantity	Unit Amount	Total Amount				
<p>THIS CLAIM FOR PER DIEM IS FOR ATTENDING THE NORTH DAKOTA STATE COMMISSION ON NATIONAL & COMMUNITY SERVICE MEETING AT:</p> <table border="1"><thead><tr><th>Location</th><th>Dates</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table> <p>POLICY:</p> <ol style="list-style-type: none">HONORARIUM: Council members, or their official representative, other than state employees and mandatory on-stop delivery partners, will be provided on request, to those Council members whose employer does not reimburse them for wages on the day of the Council meeting or in cases where Council members are required to pay for substitutes at their place of employment for the day of the scheduled Council meetings.<ol style="list-style-type: none">Honorariums will be issued at the rate of \$62.50 per day upon verification of services.Honorariums for services for portions of a day shall not be prorated. Travel days shall not be counted as days of service for the purpose of eligibility for honorarium.	Location	Dates				\$62.50	
Location	Dates						

I hereby certify that the above claim for services is truthful and accurately states the days of service and that no part of such claim has been paid by my employer or previously paid by the workforce development council.

Signature:

Date:

DEPARTMENT OF COMMERCE USE:

PROJECT CODE CHARGED

State Commission – Admin.

Signature:

Date:

COMMENTS: