

**CUNY Employees Report of Receipt of Honoraria Form**  
**April 1, 2023 to March 31, 2024**

**College:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **phone #:** \_\_\_\_\_ **email:** \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*date*

**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