**CUNY Faculty Report of Receipt of Honoraria Form**

**April 1, 2023 to March 31, 2024**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept.:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **phone #:** \_\_\_\_\_\_\_\_\_ **email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Honoraria**  | **Source**  | **Nature of Activity** | **Description** | **Location of Activity** | **Amount**  |
|  |  |  |  |  |  |
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***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_***

*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**