

HCOM REC)#

REQUEST FOR HONORARIUM, REFUND OR PAYMENT IN LIEU OF INVOICE

Note: Form must be completed when submitting for payments through the HLS Financial Office for

hon	orariums, refunds, or for payment	in lieu of a vendor invoice.
Date:	Invoice Number (Initials/Da	ate, Last Name/Date, etc):
	Total amount of payment: \$	
Pay to:	Name:	
	Address:	
	City:	State:
	Postal Code:	
Reason for pa	ayment: (please provide a brief sur	mmary of the business justification):
	.,, (F F	
Department Requesting Wo	eb Voucher:	
Approver Name (Please Pri	nt):	
Approver Signature:		Date:
33 digit billing code	»:	
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Please return completed form to the Harvard Law School Financial Office through interoffice mail or fax to (617) 495-4422.