

**HONORARIUM REQUEST FOR PAYMENT**  
**Job Service North Dakota / Workforce Programs**

**HONORARIUM REQUEST FOR PAYMENT**

Name	
Address	
City, State, Zip Code	

Description of item or service	Quantity	Unit Amount	Total Amount				
<p><b>THIS CLAIM FOR HONORARIUM IS FOR ATTENDING THE NORTH DAKOTA WORKFORCE DEVELOPMENT COUNCIL OR YOUTH DEVELOPMENT COUNCIL MEETING</b></p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="background-color: #d3d3d3;">Location</td> <td style="background-color: #d3d3d3;">Dates</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> <p><b>POLICY:</b></p> <p>1. <b>HONORARIUM:</b> 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.</p> <p style="margin-left: 40px;">a. Honorariums will be issued at the rate of \$62.50 per day upon verification of services.</p> <p style="margin-left: 40px;">b. 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.</p>	Location	Dates				<b>\$62.50</b>	
Location	Dates						

**I hereby certify that the above request for services is truthful and accurately states the days of service and that no part of such claim has been paid by my employer.**

Signature:	Date: