

HONORARIUM FOR SCC EMPLOYEES
REPORTING FORM FOR PAYMENTS OR GIFT CARDS

PAID TO: _____

AMOUNT: \$ _____

Already Paid to Employee. Tax Reporting Purposes Only.
Gift Cards are also considered a form of payment

DESCRIPTION: _____

REQUESTING ORGANIZATION: _____

ADDRESS: _____

PHONE #: _____

E-MAIL: _____

AFFIRMATION: We understand that by submitting this request, the above honorarium will be added to the SCC employee's bi-weekly payroll, and will be subject to all tax and other reporting requirements, and our organization will be billed for the resulting charges.

REQUESTED BY: _____ **DATE:** _____

AUTHORIZED BY: _____ **DATE:** _____
(Business Manager, Treasurer or Pastor)

Email to payroll@scsda.org or FAX to 818-546-8447