



Arizona's First University.

Statement for Honoraria Recipients

I, _____ certify that I have not received
(Name)

honoraria payments and associated expenses from more than five institutions in the previous six-month period.

I further certify that the honoraria payment and/or associated expenses I will receive from the University of Arizona are for usual academic activities and that those activities do not/will not last for more than nine days.

Signature

Date