

Exhibit 402-13

AUTHORIZATION FOR PAYMENT OF AN HONORARIUM

Name of Recipient: _____ Trip # (if appl) _____

Mailing Address: _____ Trip End Date _____

Payment Method: Check

Direct Deposit/ACH: A/P Direct Deposit Form Attached
http://www.jlab.org/div_dept/cfo/travel/deposit2.pdf

A/P Direct Deposit Form on file

Wire Transfer: Requires banking information below:

Beneficiary Account Name _____

Account Number _____

Bank Name _____

Bank Address _____

IBAN Code _____

Swift Code _____

Meeting and Date(s): _____

Number of Days:

At Meeting (on-site) _____

Preparation/Summation (on or off-site) _____

Travel To/From Meeting* _____

Total Days _____

*Please estimate travel time to the nearest 1/4 day (6 hour period.)

Are you a foreign national? Yes ___ No ___

If yes, are you a green card holder? Yes ___ No ___

If no, please provide the following:

1. Copy of Visa. Visa type: _____

2. Dates in the United States: From _____ Thru _____

3. Completed IRS form 8233, available from JLab Payroll Department.

Note: If form 8233 is not submitted, 30% tax will be withheld.

_____ Form 8233 is attached.

_____ Form 8233 has been submitted previously for this calendar year.

I accept the honorarium and certify that I am not a salaried employee of an organization under contract to the U.S. Department of Energy.

Signature of Recipient: _____

Amount of Honorarium \$ _____

Fund Source:

Account Code (POA) _____ - _____ 46-017

Authorized by (Sign) _____ Date _____

AD Approval (Sign) _____ Date _____

Prepared by _____ Ext. _____ Date _____
(Print)

**ALL Information must be completed or the form will be returned potentially delaying payment.
Deliver form to Travel Services**