

# FORT BRAGG CHAPLAINS OFFICE REQUEST FOR HONORARIUM

## REQUESTER

Sub-Account #: \_\_\_\_\_

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Honorarium Supports \_\_\_\_\_ Your Tel. No. \_\_\_\_\_  
(Congregation / Parish / Sub-Account / Chapel Activity Which This Requested Honorarium Supports)

Event for which honorarium is requested \_\_\_\_\_

Date of event \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Person for whom this honorarium is requested (if military, please include rank & unit)

Name \_\_\_\_\_ Rank/Position \_\_\_\_\_  
( First MI Last )

Unit/Organization \_\_\_\_\_ Tel. No. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Address To Which Check is Mailed)

Note to Requester: Please consult your Chaplain concerning amounts authorized for Honorarium. When completed, please give this form to your Chaplain. Denominational Services, please have your Distinctive Faith Group Service Leader sign here indicating approval: \_\_\_\_\_

### Program Element Manager

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

\_\_\_\_\_  
Signature

**Note: Follow Fort Bragg Chapel Tithes and Offerings Fund SOP for guidance on using Honorariums.**

### Installation Chaplain

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Today's Date \_\_\_\_\_

\_\_\_\_\_  
Signature

Modified: 01 Jan 08  
Previous versions of this form are obsolete.