



Scholar

Grant #:

Type of Program:

# Request for Payment/Evaluation

Please complete this form to request payment for the services you performed for the South Dakota Humanities Council.

## CONTACT INFORMATION

Name	
Address	
City/State/Zip	

## EVENT INFORMATION

Grant #	
Title of Event(s)	
Event Date(s)	
Event Time(s)	
Event Location(s)	
Sponsoring Organization	
Project Coordinator	

## HONORARIUM

**Payment guidelines:**

- Record \$150 if you did one presentation in one day and traveled less than 240 miles roundtrip
- Record \$200 if you traveled over 240 miles roundtrip or hosted more than one presentation in one day
- Add \$75 for each additional day of presenting

<i>Your Honorarium</i>	
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<b>For office use only:</b>	
Program #:	TOTAL:
Stipend:	Check #:
Travel:	Date Paid:

**EXPENSES**

<b>Mileage</b>			
<i>Please note: Receipt required for taxi, train, and airfare expenses; if you are traveling from outside the state, SDHC only covers mileage incurred within South Dakota</i>			
<i>Date/Time of Departure:</i>		<i>Date/Time of Return:</i>	
<i>To/From</i>	<i>Miles</i>		<i>Total \$</i>
		x \$0.37	
		per mile	
<b>Total</b>			

<b>Meals</b>		
<b>Breakfast:</b>	Depart before 5:31 am Return after 7:59 am	
<b>Lunch:</b>	Depart before 11:31 am Return after 12:59 pm	
<b>Dinner:</b>	Depart before 5:31 pm Return after 7:59 pm	
<i>Qty</i>	<i>Meal</i>	<i>Total \$</i>
	<b>Breakfast (\$5)</b>	
	<b>Lunch (\$9)</b>	
	<b>Dinner (\$12)</b>	
<b>Total</b>		

**Important:**  
Please attach a receipt for each hotel stay. (Reimbursed at state rate of \$46.50 + tax per night)

<b>Lodging</b>			
<i>Date</i>	<i>Hotel</i>	<i>City</i>	<i>Total \$</i>
<b>Total</b>			

**Total Requested Payment  
(Honorarium, Meals, Mileage & Lodging)**

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<i>I hereby certify that the information contained within this form is accurate, true, and correct; and that the amount requested has not been previously claimed.</i>	
<b>Date</b>	
<b>Signature</b>	

## DONATED/IN-KIND SERVICES

In many cases the monetary value of your time, effort, and resources are not accurately captured in our payment to you. Calculating such contributions is essential, however, because it measures the full monetary value of each program, providing valuable insight for our organization and the National Endowment for the Humanities. Please use the guide below to document the services you performed which were donated and not compensated for by our organization.

<i>Time</i>	<i>Cost</i>	<i>Days</i>	<i>Hours</i>	<i>Total \$</i>
		\$50 per hour \$400 per day		

<i>Office/Meeting Space</i>	<i>Cost</i>	<i>Days</i>	<i>Description</i>	<i>Total \$</i>
	\$200 per day			
	\$200 per day			
	\$200 per day			

<i>Equipment</i>	<i>Cost</i>	<i>Description</i>	<i>Total \$</i>
	\$		
	\$		
	\$		

<i>Supplies</i>	<i>Cost</i>	<i>Description</i>	<i>Total \$</i>
	\$		
	\$		
	\$		

<i>Other/Misc.</i>	<i>Cost</i>	<i>Description</i>	<i>Total \$</i>
	\$		
	\$		
	\$		
<i>Total</i>			\$

*Thank you for supporting the humanities in South Dakota with your time and resources. Please complete the attendance information on the next page to complete this form.*

## ATTENDANCE INFORMATION

Please estimate attendance figures for the following:

Total # of Participants	
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# of Males	
# of Females	

# of American Indians	
# of Other Minorities	
# of Youth	
# of Senior Citizens	

***Please provide a brief description of the audience composition (e.g. male/female ratio, age/grade level, business professionals, farmers/ranchers, government officials, etc.):***

***Was the community responsive? Was the audience involved in the discussion?***

***Did the coordinator do a good job informing you of the program details?***

***Do you feel as if the program was advertised effectively?***

***Do you feel that your presentation was appropriate for the audience?***

***Additional comments or suggestions:***

***Please return the following for timely payment:***  
1) Request for Payment/Evaluation  
2) W-9 (if not already submitted)

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