

Author Evaluation & Payment

PART A: BASIC INFORMATION

Today's Date:

Program Title:

Author's Name:

Program Date:

Telephone / Fax:

Program Location:

Email Address:

Program City:

PART B: EVALUATION

AUDIENCE COMPOSITION

Please give us an indication of the audience who attended this program:

Estimated Count:	Male # _____	Female # _____	Total Audience # _____
Estimated Ages:	18 & younger # _____	19 - 30 # _____	31 & older # _____
Estimated Ethnicities:	<input type="checkbox"/> Mostly White	<input type="checkbox"/> Mostly Latino	<input type="checkbox"/> Mostly Native American
	<input type="checkbox"/> Mostly African-American	<input type="checkbox"/> Mostly Asian	<input type="checkbox"/> Mostly Pacific Islander
	<input type="checkbox"/> Mixed Ethnicities (at least 20% non-white)		<input type="checkbox"/> Other (please describe)

AUDIENCE DISCUSSION

What issues or ideas were focused on during the discussion with this audience?

AUDIENCE PARTICIPATION

How were members of the audience engaged in discussion?

ADMINISTRATION

Please comment on local arrangements, and whether you would recommend future programs at this site.

CREDIT

How was UHC credited at the program?

PART C: PAYMENT VOUCHER

EXPENSE TYPE	AMOUNT
Honorarium	\$
Roundtrip Mileage _____ x \$0.40 (for round trips over 50 miles)	\$
Meal Allowance (\$15 for travel 100-200 miles; \$30 for travel over 200 miles)	\$
Lodging (not to exceed \$80 per night; must attach receipt)	\$
TOTAL	\$

Discussion Leader's Signature _____ **Date** _____

Make Check Payable to:

Mail Check to:

Address:

City / State / Zip:

SUBMIT THIS FORM TO:
 Utah Humanities Council
 Attn: Authors on Main Street
 202 West 300 North, Salt Lake City, UT 84103
Or fax both sides to: 801.531.7869

OFFICE USE ONLY: _____

Cleared by: _____	Date cleared: _____
Approved by: _____	Date approved: _____
Check # _____	Date paid: _____

In Salt Lake County	Honorarium: 40700 6000 102	Travel: 40700 6003 102
Outside Salt Lake County	Honorarium: 40700 6001 102	Travel: 40700 6004 102