



# HONORARIA PAYMENT REQUEST

Please fill out all information for proper processing

Please review our Honorarium policy on our website

|     |   |  |
|-----|---|--|
| 1.  | Function  |  |
| 2.  | Program/Course/Dept.  |  |
| 3.  | Date of function  |  |
| 4.  | Date required<br><i>**See note below</i>  |  |
| 5.  | Amount required   |  |
|     |   | <b>Standard value \$50 per function, REFER TO POLICY</b> |
| 6.  | ACCOUNT CODE  |  |
| 7.  | Full name of recipient ( <b>must be same as identification</b> )  |  |
|     | <b>PLEASE PRINT NAME</b>  |  |
| 8.  | Address<br>P.O. Box or Street<br>City/Town, Postal Code   |  |
| 9.  | Social Insurance Number<br><i>*Please note that all information is kept private and confidential and is a requirement of CRA.</i> |  |
| 10. | Name of Originator<br><b>PLEASE PRINT NAME</b>  |  |
|     | Signature of Originator   |  |
|     | Date Originator signed  |  |
| 11. | Administrator Approval<br><b>PLEASE PRINT NAME</b>  |  |
|     | Signature of Administrator  |  |
|     | Date Administrator signed   |  |
| 12. | Vice President, Corporate Services<br><b>PLEASE PRINT NAME</b>  |  |
|     | Signature of Vice President   |  |
|     | Date Vice President signed  |  |

Thank you!

**\*\*Honoraria payment requests must be given to the Accounts Payable department at least one week in advance of the event.**