

Honorarium Request Form

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| **RECIPIENT** | |
| First Name: |  |
| Last Name: |  |
| Full Mailing Address: |  |
| Telephone Number: |  |
| Email Address: |  |
| Date of Birth: |  |
| Social Insurance Number: |  |

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| **PURPOSE** | |
| Course/event/project: |  |
| Work/service provided: |  |
| Dates (start/end dates): |  |
| Honorarium amount: |  |
| Honorarium currency: |  |

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| **REQUESTED BY** | |
| Name: |  |
| Title/Position: |  |

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| **APPROVAL (DIRECTOR/ACTING DIRECTOR)** | |
| Name: |  |
| Title/Position: |  |
| Signature: |  |

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| **ACCOUNT INFORMATION – FOR OFFICE USE** | |
| Account: |  |
| CFC: |  |
| CC: |  |
| Fund: |  |