



## HONORARIUM PAYMENT REQUEST FORM

**Recipient's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Insurance #**

(if \$500 or more)

**Date of Event:** \_\_\_\_\_

**Reason for Honorarium:**

(please provide details)

**Honorarium Amount:** \_\_\_\_\_

**Cheque Required By:** \_\_\_\_\_

**Delivery Instructions:**

(include method, who to send to, enclosure, etc.)

**GL Account:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### ***For Cash Payments Only:***

**Honorarium  
Advanced To:** \_\_\_\_\_

*(employee's name & initials)*

**Date:** \_\_\_\_\_

**Honorarium  
Received By:** \_\_\_\_\_

*(signature of recipient for funds received)*

**Date:** \_\_\_\_\_