

HONORARIUM FORM

This form should be submitted with all reimbursement requests where cash was provided to another individual.



To Be Completed by Honorarium Receiver

Name of Speaker/Presenter/Instructor/etc: _____

Phone Number: _____

Email: _____

Activity/Service that was provided: _____

Date the activity was provided on: _____

Details: _____

Amount of cash received (\$): _____

Date the money was received: _____

Signature of receiver: _____ Date: _____

To Be Completed by Club/DSU Representative

Name of club/DSU: _____

Name of club/DSU executive: _____

Where is this money coming from?

Trust Account Number: _____

Amount of cash provided (CAD \$): _____

Grant Account Number: _____

Amount granted (if applicable): _____

Signature: _____ Date: _____

Please return this honorarium form along with the cheque requisition form and any associated documents to the SFSS General Office (MBC 2270) for your reimbursement request to be processed.

If there are any questions, contact the SFSS General Office at 778.782.3870 or at studentcentre@sfss.ca