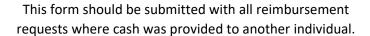
HONORARIUM FORM





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/SU/CG Re	epresentative	
Name of club/SU/CG:		
Name of club/SII/CG executive:		
Where is this money coming from?		
Trust Account	Amount of cash provided (CAD \$):	
Grant 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 Student Centre (SUB 3115) for your reimbursement request to be processed. If there are any questions, contact the SFSS Student Centre at 778.782.3870 or at studentcentre@sfss.ca